VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7121 **CERTIFICATE OF DEATH** Reg. Dist. No. 7104

1. PLACE OF DEATH o. COUNTY MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) STATE
Prince Georges	Prince Georges
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) MAYYVY Cherverly. Ind	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Murkirk, Md.
d. NAME OF HOSPITAL (If the naspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
Prince Georges General Hosp.	Cheverly, M.D.
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or grint)	OF DEATH 58 June 6 1958
5. SEX Male 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO	Adoma 1 2 2 30 Julie 0 1750
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 1 In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
aluende adman	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes. no. or unknown) { (If yes. give wor or dates of service) }	NFORMANT Address
	cum count murrery ma
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	leth Gerebal when onset and Death
1443 × IMMEDIATE CAUSE (o) MACUS LILL	ceg re cousin regimen giveens
	- and of the Time
Conditions, if any, which gove rise to immediate (b)	one whomstellow who jyks
couse (a), stating the under-	
lying couse last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATI	PERFORMED? YES NO
GR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	2. (Enter nature of injury in Port 1 or Port II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased from 5/12	1058 to 6/6 1057 that loss is 1
1	19.50 to 19.57, that I last saw the deceased
alive on 4 / 4, 193 0 , and that death	occurred at 11 1 M, from the causes and an the date stated above.
141 7 1/1	ADDRESS (Street, city or town, stote) DATE SIGNED
SIGNATURE COMMENT	40 3503 Ving M. 6/6/58
PHYSICIAN'S WORMAN DONAT (IMER	que Int Comer Md
220. BURIAL CREMATION. 22b. DATE THEREOF 22CHAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d LOCATION (City, Jown, or county) 1 4 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. RECIPIAY REGISTRAR 246. REGISTRAR'S SIGNATURE
Never V. (1) reporter 467 Not n.	DATE DON'T 2 00 Commedicin

the section in 082 James allerander Udrinam Desturne. Calvin adams Wherefore to Drid MOINKINK MICH 6-10-58 QUEEN Chapel Huma Warington 467 N at m W

FOR STATE M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifie, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boord of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

I

0

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7122 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07105
Reg. Dist. No.

									Reg. Dist.	140.		
1. PLACE OF DEATH o. COUNTY	Prince Georg	08	MARY	rLAND	2. USUAL RESI	Mary]		b. COUNTY		before admission)		
b. CITY OR TOWN and give nearest tow		c. LENGTH OF STAY IN 1b		IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURA Mount Rainier					(AL ond give neores) town)		
d. NAME OF HOSP	ITAL OR INSTITUTION (I	f not in hos	pital, give street addres	(s)	d. STREET A	DDRESS				e. IS RESIDENCE		
Leland	Memorial Ho	spita	1		/ 3210	Perry	Street	t		YES NO		
3. NAME OF DECEASED (Type or print)	George		Middle Mard	Ager	Lost	4.	DATE OF DEATH	Month June	30	0 19 58		
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIE	D B. C	ATE OF BIRTH			4 3 4 4 5 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	UNDER TYE			
Male	white	WIDOWER	DIVORCED		11-20-	09		18 yrs.	Aonths Day	s Hours Min.		
during most of work	TION (Give kind of work of king life, even if retired) C driver		ron Works	INDUSTRY		CE (Stole or yland	foreign countr	y)		S.A.		
13. FATHER'S NAME				1	14. MOTHER'S A	MAIDEN NA	ME					
	rles Ager					Annie	Bell					
15. WAS DECEASED E	VER IN U. S. ARMED FOI (If yes, give war or dates of t	ervice)	50cial security NO. 709-09-1899		ormant dith Ag	er; sa	me add	Address	#2.			
	ATH [Enter only one country one country was caused by: IMMEDIATE CAUSE (o) DUE TO	se per line	for (o), (b), ond (c).] Acute	conge	stive h	eart f	ailure		i c	NTERVAL BETWEEN DNSET AND DEATH		
Conditions, if gove rise to imm (o), stating the couse tost.	ediate couse		Cardio	rascu	lar ren	al dia	ease					
CATIO	THER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEAT	H BUT NO	T RELATED TO 1	HE TERMINA	AL DISEASE CO	ndition given	I IN PART 1(d	PERFORMED? YES NO		
	AUSE WAS ONTRIBUTING 201	b. DESCRIBE	HOW INJURY OCCU	RRED. (Ent	er nature of inju	ry in Part I	or Part II af ite	am 18.)				
20c. TIME OF INJ	1.	While		0e. PLACE factory	OF INJURY (H	ome, form, bldg., etc.)	20f. (City or h	own)	(County)	(State)		
opinian death	that I taak charge h resulted from: N			-			, Inspe		Inquiry inned man	nner 🗌		
ACTUAL SIGNATURE EXAMINER'S	ohno.	MIO	Money,		ASSISTAN		EXAMINER [DATE SIGNED		
220. BURIAL, CREMATI REMOVAL (Specif Burial	John T. 22b. DATE THEREO 7/5/58	F	ey, N.D. 22c. NAME OF CEMET Fort Line		REMATORY	1	2d. LOCATION	(City, town, or Manor,	county)	1958 (State)		
23. FUNERAL DIRECTO	or's Signature Sons Hya	ttsvi	ADDRESS lle Maryla	and.		DATE JUL	registrar 7 '58	24b REGISTI	YAR'S SIGNA	TURE		

JAN STATE

*000 VI	And the Property of the Park	3 -	ayue off confus.

	The state of the s		at at may be
1993			
		inti	mos introduction control
E DE	erali de	rent breaks	022000 12 milestin
	The state of the s		
	But the		Torat Sou
	timise Nell		TO A HOLYMAN
			Z. COURSEN, SERVICE STORY
*	ne nestrobe acte translation	E 19285-00-0000	
	deres feare fealure	legnes pulso!	The state of the state of
	swomain femou wal	Incompro Pourell	2174
			THE PARTY
Mir Sir at	Strategy of E- publication		and the late of the late.
		the dames are	
jo, 20, 20	El rendre man one suit I Imperatore von	olong H.b.	
	TO THE TANKED TO THE OWN		BEN NY LEET THE
			The public of scale.

	citation and property and the second
	The Carlot As I was a second
	True (1900)
	THE RESIDENCE OF A PARTY OF THE
Comment of the commen	
	OF STATE OF THE PARTY OF THE PA
	heat factor and proposed and factor of the order of the part of th
	AT . Centre produce purchase
	63 4 6 6 6 4 7 2 1 2 5 5 5
	Contraction of the Contraction o

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7123

CERTIFICATE OF DEATH

07107

	-	
Keg.	Dist.	No.

	V	
-		1
6	M	1
1	files	
	-	

Ahe filed with

may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shather registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death.

requires that the death certificate be executed within 24 haurs after death. Page 4

ENDING PHYSICIAN: The low

TO HOSPITAL OR VS A15 (4) 1SM 10/57

1.	o. COUNTY Prince	George		MARYLAND	a. STATE	pland	ere deceosed	lived. If instituti b. COUNTY		-/	nission)
	RURAL and give	(If outside carporate limit nearest tawn)	F 100	ENGTH OF STAY IN 16				ate limits, write R			iwn)
	Cheverly			L4 Days		rth Be	ach		04	X-1	1
	d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, gi	ive street addres	ss)	d. STREET	ADDRESS			,		RESIDENCE LA FARM?
	Prince G	eorge Genera	al Hospi	ital	Charl	estown	Avenu	e			□ NO □
3.	NAME OF	Fire	s†	Middle	Lo		4. DATE	Mon	ith	Day	Year
	DECEASED (Type or print)	Rober	t	Allen	Baker		OF DEATH		une	28	19 58
5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	5	AGE (In years	IF UNDER 1	YEAR IF UN	
	Male	White	WIDOWED [11-19	-90	8	last birthday) 60 yrs.	Months D	ays Hou	Min.
104	during most of wo	ION (Give kind of work durking life, even if retired)	lone 10b. KIND Ril	OF BUSINESS OR INC	USTRY 11. BIRTHE	1 1	foreign cou	intro) e		S. A	AT COUNTRY?
13.	FATHER'S NAME				14. MOTHER	S MALDEN NA	AME			. O. A	•
		?				U	?:				
1S. (Ye	WAS DECEASEDEV	ER IN U. S. ARMED FORG			INFORMANT S. Marie	T Bake	er No	Add orth Beac		yland	
F	TIO CALISE OF DE	ATU FE	l line for)			
		ATH (Enter only one country on Countr			1 6	-	M. M	emin		ONSET AN	BETWEEN ID DEATH
	4 1 2 1	IMMEDIATE CAUSE (0)	12121	cander	Sauce	70	-472	emini		4d.	AYS
1 -	260 X	DUE TO	7.00		any C.			Co			*
	Conditions, if		LNTE	RCAPILLI	They go	ome,	nuc	sere,	120513	SXE	ANS
	gove rise to cause (a), stoting lying couse last	the under- DUE TO	DIA	beres	Merc	-171	5			Joye	AKS
Z	PART II. OT	THER SIGNIFICANT CONE	DITIONS CONTR	RIBUTING TO DEATH BE	JT NOT RELATED TO	O THE TERMIN	JAI DISEASE	CONDITION GIV	FN IN PART 1	(a) 19 WA	SAUTOPSY
CATION			nTen	sive CM	ndio 6	VASCE	LLA	n 2150	MSE	PER YES	FORMED?
CERTIFI	OR CONTRIBUTION	AS UNDERLYING COME CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DESCRIBE	HOW INJURY OCCUR	RED. (Enter noture	of injury in Po	ort I or Port	If of item 18.)			
K	20c. TIME OF INJU	RY Month, Doy, Yea	r 20d. INJURY	OCCURRED 20e.	PLACE OF INJURY	(Home form	20f (City o	or town)	IC au	inty)	(Stole)
MEDICAL	Haur o.m. p.m.			Nat while	actory, street, offic	e bldg., etc.)		, ,,,,,	(Co.	intyj	(2)oie)
	21. I certify t	hat I attended the	deceased fr	om June	, 195	5, 10 9	ime 2	-8, 195	Ethat I la	st saw th	e deceased
	alive on Q	cm 28	1958	_, and that dea	h accurred at	633	M. from	the causes of	and an the	date sta	ted abave
	ACTUAL SIGNATURE	Monnine	Don	- /1				CENN	stote)		DATE SIGNED
	PHYSICIAN'S NAME (Type)	Vonzana) or	mi Co	men u	n	17/	PAINTE.	nxed	_	
220	BURIAL, CREMATIC		F 22c.	NAME OF CEMETERY	OR CREMATORY		22d. LOCATIO	ON (City, town,	or county)	(SI	ote)
1	REMOVAL (Specify	7/2/58	Ar]	ington Nat	ional Cen			ngton	Virgin		,
-	FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS	TOILET OC		BY REGISTR		STRAR'S SIGN	7	
	_			lle, Maryl	and.	DATE JU			A CORPORATION OF THE PARTY OF T	O. Mar	
						-					

	THE OF THE ATHE		
		The state of the state of	
		STruck!	
	7	Part of March	
	4		
· HOLVIER , WEST ALL LOW	TOTAL TOTAL	1 5 1 5 1 5	

VS A15 (4) 15M 9/55

0

07108

184	CERTIFICATE	OF	DEAT
FOL	GERTHIOATE	•	- LA

			Reg. Dist	. No.
AL RESIDENCE (Where	deceased lived.	If instituti	on: Residence	e before o

PLACE OF DEATH										
o. COUNTY	ice Georges		MARY	LAND	2. USUAL RESIDENCE	(Where decease	ed lived. If institut b. COUNTY		before adm	ission)
b. CITY OR TOWN (I	outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN		prote limits, write !	RURAL and air	re riegrest to	wn) (nw
RURAL ond give ne	/ _ 1		2/months	and				11-		
	e (rural) AL (If not in hospital, g		16 days			shingto	in 4	+/X	3	
OR INSTITUTION	AL (IT not in nospital, g	ive street	oddress)		d. STREET ADDRESS					A FARM?
Glenn	Dale Hosni	tal			91	8 8th S	t., S. E		YES	□ NO 🖾
NAME OF DECEASED (Type or print)	Fir Lee	st	Middle		Barnes	4. DATE OF DEATH	Мо	nth 6	Doy	Year 19 58
. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED 🗍	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	YEAR IF UN	DER 24 HRS
Male	Negro	WIDOWE	Pated DIVORCE	00	1/9/02		last birthday) 56 yrs	Months D	ays Hour	-
Laborer Laborer	ON (Give kind of work a ling life, even if retired	done 10b. Jo Va	hnnie Warr	en.	TRY 11. BIRTHPLACE (SI Alexandria/	South	Carolina	US US	EN OF WHA	T COUNT
B. FATHER'S NAME				•	14. MOTHER'S MAIDE	N NAME	2/2 2		10 3	
Jim Barn	es				Hattie I	Byrd				
. WAS DECEASED EVER	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. It			Add	iress		100
No	(If yes, give war or dates of s	2	50-12-4819		Dece	edent	644			
	TH [Enter only one co	use per lin	ne for (o), (b), and (c).]					INTERVAL ONSET AN	BETWEEN
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Pul	monary hem	orrh	age				and a	nutes
162.1	DUE TO								Alberta	14000
Conditions, if ar			nchocenic	0220	inoma, left	7,,,,,,,,,	with mate		eg	
gove rise to in		2720	HOHOKCHTC	Lait						
Sove Lize to It	nmediote (ribe and c	heet	TIONE, Telo	Tunis.	WIT OIL HIS OF	as casts	_ (_IIIO)	I TO I S
couse (o), stoting t			ribs and c	hest	wall	Timis.	W.C. OII ING GO	as vas 15		14002
couse (o), stoting t lying couse last.	the under- DUE TO	to	ribs and c	hest	wall					
couse (o), stoting the lying couse last. PART II. OTH	the under CON	to	ribs and c	hest	Wall				1(o) 19. WA	
couse (o), stoting the lying couse last. PART II. OTH	the under- DUE TO	to) DITIONS C	ribs and c	hest ATH BUT	wall	RMINAL DISEA	SE CONDITION GI		1(o) 19. WA	S AUTOPSY ORMED?
PART II. OTH	the under CON	DITIONS C	ribs and c ONTRIBUTING TO DEA CRIBE HOW INJURY O UJURY OCCURRED Not while	ATH BUT	Wall	in Port 1 or Po	SE CONDITION GI	VEN IN PART I	1(o) 19. WA	S AUTOPSY ORMED?
COUSE (0), stoling to lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. pt. p. m.	The under DUE TO (c) SUNDERLYING CON CONTROL CON CONTROL SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee 19	20b. DESC	ribs and c ONTRIBUTING TO DEA CRIBE HOW INJURY O UJURY OCCURRED Not while of work	ATH BUT CCURREE	Wall NOT RELATED TO THE TEI CE OF INJURY (Home, filter), street, office bldg.,	in Port 1 or Po arm, 20f. (Cit	SE CONDITION GI rt II of item 18.) y or town)	VEN IN PART I	I(o) 19. WA PER PES (S AUTOPSY ORMED? NO (Stote
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. p. m. 21. I certify the	DUE TO (c) S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee	20b. DESC 20b. DESC 20r 20d. In While of work	CRIBE HOW INJURY O	ATH BUT CCURREE 20e. PLA foc	Wall NOT RELATED TO THE TEL C. (Enter noture of injury CE OF INJURY (Home, fory, street, office bldg.,	in Port I or Poorm, 20f. (Cite)	rt II of item 18.) y or town)	(Co	unty)	S AUTOPS) ORMED? NO [
Couse (o), stoling to lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. pt. p. m.	The under DUE TO (c) SUNDERLYING CON CONTROL CON CONTROL SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee 19	20b. DESC	CRIBE HOW INJURY O	ATH BUT CCURREE 20e. PLA foc	Wall NOT RELATED TO THE TEI CE OF INJURY (Home, filter), street, office bldg.,	in Port I or Poorm, 20f. (Cite)	rt II of item 18.) y or town) 1 19 56 m the couses of	(Co	unty) 19. WAPER YES [S AUTOPSY ORMED? NO (Stote
20a. ACCIDENT WA OR CONTEIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. p. m. 21. I certify the alive on	The under DUE TO (c) SUNDERLYING CON CONTROL CON CONTROL SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee 19	20b. DESC 20b. DESC 20r 20d. In While of work	CRIBE HOW INJURY O	ATH BUT CCURREE 20e. PLA foc	Wall NOT RELATED TO THE TEI CE OF INJURY (Home, hory, street, office bldg., 1958, to_ occurred at 11:	in Port I or Poorm, 20f. (Cil. 6/1. 80AM, fro	or town) 1 19 50 The three town the courses correct, city or town.	(Co ,that I lo and on the	unty) 19. WAPER YES [S AUTOPSY ORMED? NO (Stote
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. p. m. 21. I certify the	The under DUE TO (c) SUNDERLYING CON CONTROL CON CONTROL SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee 19	20b. DESC 20b. DESC 20r 20d. In While of work	CRIBE HOW INJURY O	ATH BUT CCURREE 20e. PLA foc	Wall NOT RELATED TO THE TEI CE OF INJURY (Home, hory, street, office bldg., 1958, to_ occurred at 11:	in Port I or Poorm, 20f. (Cil. 6/1. 80AM, fro	rt II of item 18.) y or town) 1 19 56 m the couses of	(Co ,that I lo and on the	unty) 19. WAPER YES [S AUTOPSY ORMED? NO (Stote
20a. ACCIDENT WA OR CONTEIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. p. m. 21. I certify the alive on	The under DUE TO (c) SUNDERLYING CON CONTROL CON CONTROL SUNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yee 19	20b. DESC 20b. DESC ar 20d. It While of world	CRIBE HOW INJURY O	ATH BUT CCURREE 20e. PLA foc	Wall NOT RELATED TO THE TEL CE OF INJURY (Home, filter), street, office bldg., 1958, to occurred at 11:	in Port I or Poorm, 20f. (Cite) 6/1 BOAM, fro Address (ten)	rt II of item 18.) y or town) 1	(Co 2., that I lo and on the	unty) st saw the dote sta	S AUTOPSY ORMED? NO (Stote
couse (o), stoting to lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. pt. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	S UNDERLYING S UNDERLYING CONTROL OF THE PROPERTY OF THE PRO	20b. DESC 20b. DESC 27 20d. In While of world	CRIBE HOW INJURY O	ATH BUT CCURREE 20e. PLA foc death	Wall NOT RELATED TO THE TEL C. (Enter noture of injury C.E. OF INJURY (Home, fory, street, office bldg., 1958, to occurred at 11: 3	in Port I or Poorm, 20f. (Cite) 6/1 80AM, fro ADDRESS (sann Dal	or town) 1 1956 The courses of treet, city or town, Hospital	(Co B., that I lo and on the	unty) 19. WAPERI YES [unty) st saw the dote sta	(Stote decease ted about 1/58
couse (o), stoting to lying couse last. PART II. OTH 20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. pt. p. m. 21. I certify the alive on	S UNDERLYING S UNDERLYING CONTROL OF THE PROPERTY OF THE PRO	20b. DESC 20b. DESC 27 20d. If While of world	ribs and c ONTRIBUTING TO DE. CRIBE HOW INJURY O JURY OCCURRED Not while of work ded from 3/2 8, and that	CCURREE 20e. PLA foc death	Wall NOT RELATED TO THE TEN CE OF INJURY (Home, for the street, office bldg., 1958, to occurred at 11: A.D. Gle CREMATORY	in Port I or Poorm, 20f. (Cite) 6/1 80AM, fro ADDRESS (sann Dal	rt II of item 18.) y or town) 1	(Co	unty) 1(0) 19. WAPERI YES [unty) st saw the dote sta 6/1:	(Stote deceoseted about 1/58
20a. ACCIDENT WAO OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJURY Hour a. pt. p. m. 21. I certify the alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Year 19 at 1 attended the 16/11 Mag Was 122b. Date Thereo	20b. DESC 20b. DESC 27 20d. If While of world	ribs and c ONTRIBUTING TO DE. CRIBE HOW INJURY O JURY OCCURRED Not while of work ded from 3/2 8, and that	CCURREE 20e. PLA foc death	NOT RELATED TO THE TENDER OF INJURY (Home, form), street, office bldg., 1958, to occurred at 11:	in Port I or Poorm, 20f. (Cite) 6/1 80AM, fro ADDRESS (sann Dal	or town) 1 1956 m the couses of the town, R Hospital TION (City, town,	(Co	unty) st saw the dote sta 6/1:	(Stote deceoseted about 1/58

	n=1/2/30 (2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/
Marie Company of the	
	AC S. Physical of preparation and the stock of the state
	a margin. Transport and the same of the sa
	THE PARTY OF THE P
	Secretary by the residence of the second
Company of the Compan	
	STATE OF THE PARTY
	District of the second of the
	The state of the s
Salt of state of the later recent of the best of the b	one code had been a profit and the second of the second of
Control of the second	And the second s
	Carlotte and the second second
	observation with the last temperature of the contract of the c
A Service Complete Company Company	Carried Carrie

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pending its flew 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the filler.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board in Hobbit or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A1SME 5M 2/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7124 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

07109

	The state of the s								
), PLACE OF DEATH o. COUNTY	Prince Geo	rges	MARYLAND	2. USUAL RESIDENCE 0. STATE	E (Where deced	sed lived. If instit b. COUN	TY -	dee	
b. CITY OR TOWN and give neares! to	(If outside corporate limits, write wn) Cheverly	BUBAŁ	D.O.A.	c. CITY OR TOWN		porate limits, write	RURAL ond	give nearest	lown)
	Georges Ger			d. STREET ADDRES	Osage	Street		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	char]		Middle Benjamin	Beall.	4. DATE OF DEATH	Mont June	1.	Doy	Yeor 19 58
5. SEX Male	4. COLOR OR RACE	7. MARRIED	DIVORCED DIVORCED	B. DATE OF BIRTH 1-16-58		9. AGE (In years fast birthday) yrs.		YEAR IF Ut	NDER 24 HRS.
10a. USUAL OCCUPAT during most of work	ION (Give kind of work of king life, even if retired)	lone 10b. Kl	ND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (SI		country)		S.A.	AT COUNTRY
13. FATHER'S NAME Char	les Beall			14. MOTHER'S MAIDE					
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U. S. ARMED FOR Ilf yes, give was or dotes of a			informant Charles Bea	ll: sam	Address			
Conditions, if gave rise to imm (a), stating the couse lost. PART II. O	underlying DUE TO	DITIONS COP	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEAS	SE CONDITION GIV	VEN IN PART	PER	FORMED?
200. EXTERNAL COPRIMARY OF CO	ONIKIBUTING L	DESCRIBE	HOW INJURY OCCURRED.	Enter noture of injury in	Port I or Part II	of item 18.)		YES	NO 🗌
20c. TIME OF INJ	1.	While	Not while of work	ACE OF INJURY (Home, fory, street, office bldg.,		y or lown)	(Coun	ity)	(State)
		Hatural co	auses , Accident		Hamicide	Undete	Inquiry ermined m	DATI	Ind in my
	ION, 226. DATE THEREO		Fort Lincol		Col	TION (City, town, mar Mano	or county)	(St	ofe)
23. FUNERAL DIRECTO	or's signature asch's Sons	Hyat	ADDRESS ttsville Md.		EC'D BY REGIST	1 240	STRAR'S SIGN	1	

+030 VT9 * - - -Prince United Deports United APPENDENT OF STAND mination! Shirts amount war in here of the appropriate SHARE THE STREET THE PARTY OF T dome N. Maldhory N. L. arei di surt de

of the property of

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

death.

pe P

page

FUNER 3

10

.elase Cappel activity es de la la ces Bosleys Cidi- Kiyorwiyaw Kond C. L. 3.8 boos we tween if - 1218 .bnd ontre stand Supply out 1895 CA T THE TWO SERVICES Longotto Silonia, Namedana tolvel squad (and) 2. Berry 5151 - Stveryter Resident, 2. (dam) QUOT TOTAL AND ALERS death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after

TO FUNERAL DIRECT

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7186

Reg. Dist. N. 7111

1. PLAC o. CC	OUNTY Prin	ce Georg	ges!	MARYLA	11 0 5	AL RESIDENCE (W		ed lived. If instituti b. COUNTY		-	nission)
RU	Y OR TOWN (If a RAL and give near		ts, write	c. LENGTH OF STAY IN	1b c. 0		outside corp	orote limits, write R	URAL ond g	ive nearest to	wn)
d. N/	ME OF HOSPITAL	(If not in hospital, g			11	STREET ADDRESS Marian				ON	RESIDENCE I A FARM?
3. NAM DECE (Type	E OF ASED or print)	Ha:	rold	Middle M.	18/13	Bower	4. DATE OF DEATH	Mon J	th une	Doy 25,	Yeor 19 58
	10	White	WIDOWE		Feb		894	9. AGE (In years lost birthdoy) 64 yrs.		YEAR IF UN Doys Hour	DER 24 HRS.
Ret	JAL OCCUPATION ing most of working Guard ER'S NAME	g life, even it refired	0	KIND OF BUSINESS OF GOVER	. J	BIRTHPLACE (Shore Indiana OTHER'S MAIDEN		country)	-	S. J	AT COUNTRY
15. WAS	DECEASED EVER	BOWET IN U. S. ARMED FOR yes, give wor or dates of s	CES? 16. ervice)	SOCIAL SECURITY NO.	17. INFORMA	AR WAR A .Y				abor	ve.)
Co	PART I. DEATH	WAS CAUSED 8Y: MMEDIATE CAUSE (c DUE TO , which (b) mediate ()	a	nterns	th	rein,	gn	end	yed	INTERVAL ONSET AL	D DEATH
CERTIFICATION (IL E		UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	Tu	CONTRIBUTING TO DEATH	1				EN IN PART	PER	S AUTOPSY FORMED?
-	TIME OF INJURY Hour o. m. p. m.		or 20d. In While of work	Not while	e. PLACE OF I	NJURY (Home, formet, office bldg., etc.	n, 20f. (Cit	y or town)	(Co	ounty)	(Stole)
aliv ACT SIGN	UAL HATURE	nn P. D'	125	ond that do	eath occur		Vor I		and an the	e date sta	e deceases nted abave DATE SIGNED 6/58
REM	IAL, CREMATION, QVAL (Specify)	6/28/58	F	22c. NAME OF CEMETE Ft. Linco			-	TION (City, town, o		Mary	land
	hie Bro	SIGNATURE	r Ma	ADDRESS rlboro, Ma	arylan	d 240. REC	D BY REGIS	TRAR 15 846. REGIS	PAR'S SIGI	NATURE	

Seminary Company of the Company of t		TE OF DEATH	A-JURIED	2350	
SUBJECT OF THE PROPERTY OF THE					
See Story outside E. St					
	Selection of the	THE RESERVE			
					in.
		Indian	, r . r . o		, = 3
			Same Ses		

DATE

CERTIFICATE OF DEATH

Reg. Dist. No.

-	0	7	1	1	g
1	U	1	1	1	4

e. IS RESIDENCE ON A FARM?

Day

10

Hours

INTERVAL BETWEEN

PERFORMED? YES NO 17

(Stote)

DATE SIGNED

(Stote)

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

(County)

YES NO T

Yeor

19 50

Min.

with 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY filed b. COUNTY MARYLAND Prince George's Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) Laurel Riverdale DOA d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS/ by Eugene Leland Memorial Hespital 817 Montgomery Rd NAME OF First Middle 4. DATE Lost Month DECEASED OF DEATH HENNING (Type or print) GEORGE BOYLE. SR. June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX Months DIVORCED | WIDOWED [4/26/97 Telle Male White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) death Retired Engineer Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Erma Schmidt John S. Boyle remove 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 22 Hospital records unknown 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] る PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 420.1 DUE TO þ ony Conditions, if any, which gove rise to immediate DUE TO Pe couse (o), stoting the underpuo lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) certificate OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m. While Not while of work p. m. ot work 1956. 19 5 8 that I last saw the deceased 21. I certify that I attended the deceased from July ___, and that death occurred at 10 M, fram the causes and an the date stated above. ACTUAL be 3 should PHYSICIAN'S NAME (Type) 220 RURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY- OR CREMATORY 22d. LOPATION (City, town or county) poge REMOVAL Specify 23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

2 filled completely puo ottending DIREC may be retain HOSPITAL 10 VS A15 (4)

death.

with third star	MIAGUNU 31	WAS CONTRACT OF THE PERSON	Marie San
alexandre entre	bacium 1		
		(日本日本) (1941年)	
			Windowski.
	34 43 HONES NO.		
	STATE OF STREET STATE OF STATE	fast multip	· Profes Berdief A resid
of leaves	HEART STATES		
			THE RESERVE
	to legged	0.0000.25%	
			The state of
	5371/de81/5892//165		SURON STATE
			CHORDING TO THE RESIDENCE AND A
	- interpreted Jack to to 1		A Mile Serve
			The state of the state of the state of
			The second second
			and his section in the section
			The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7126

CERTIFICATE OF DEATH

	114	U	CERTIFICA	AIE OF DEA	H		Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY Prince Ge	orge		MARYLAND	2. USUAL RESIDENCE (o. STATE Maryland	Where deceased Princ	h. COUNTY	n: Residence	before admis	iion)
b. CITY OR TOWN (RURAL and give in Cheverly	If outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (JRAL and give	nearest tow	n)
d. NAME OF HOSPI OR INSTITUTION	ral (If not in hospital, g			d. STREET ADDRESS	1			ON	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir Marga	st	Middle Fitch	lost Brinson	4. DATE OF DEATH	June 2		Doy	Yeor 19 58
S. SEX Female			ED NEVER MARRIED	8. DATE OF BIRTH Aug 16 189		9. AGE (In years lost birthdoy) 67 yrs.	IF UNDER 1 Y	EAR IF UND	
during most of war	ON (Give kind of work of king life, even if retired ousewife	done 10b.	KIND OF BUSINESS OR INDU			untry)		N OF WHAT	COUNTR
13. FATHER'S NAME				14. MOTHER'S MAIDER			0	3,11,	
IS. WAS DECEASED EVE	lbert C. F R IN U. S. ARMED FOR lif yes, give wor or dotes of s	CES? 16. 5		Ida Johi NFORMANT Ohn Brinson		ntwood,			
5	mmediate the under to (c) HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	RMINAL DISEASE		EN IN PART I	PERFC	AUTOPSY DRMED?
(IF EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER) Y Month, Day, Yea		RIBE HOW INJURY OCCURRED JURY OCCURRED 20e. PL	D. (Enter nature of injury ACE OF INJURY (Home, fo			(Cou	ntv)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	19	While of work	Not while for	ctory, street, office bldg.,	etc.)				
ACTUAL SIGNATURE	Or Norman No. 22b. DATE THEREO	Come a	12 Price Ou 22c. NAME OF CEMETERY O	M.D. 2117/0	DODRESS (Str	eet, gity or town, s 2112 ON (City, town, o	nd on the	date state	ed abav
Burial 3. FUNERAL DIRECTOR	The second secon		Fort Lincoln	240 PF	Colma	ar Manor	Md.	TURE	
	ch's Sons	Hya	ttsville, Mar	yland.			Lesue	- 1	

tol directar, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR At After this certificate has been signed by the attending physician and completely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shorther registrar prior to burial, crematian, ar removal, and in any event within 72 hours offer death. moy be retained by

VS A15 (4) 1SM 10/57

	TO SEADERS TO SERVICE OF
the state of the second second second	Line of the later
AND STREET	
1000 mg/s/1000 mg/s/1000 mg/s/1000 mg/s/1000 mg/s/1000 mg/s/1000 mg/s/1000 mg/s/	
The second by th	
Cloudy processed, bereined thousand	
	A TANK DE SANCIONES PLANES DE LA CARLO DEL CARLO DEL CARLO DE LA CARLO DEL LA CARLO DE LA
	amount in the part of the second of the second
A CALL TO THE SECOND SECOND	
	The state of the s
	into alocate two bear in the antron
The state of the s	Date of the self-transpared to the advance of the second s

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiners's Office along with from PM3. Page 5 may be retained for the Ties.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to buriel, cremation, ar remaral, and in any event within 72 hours ofter death.

16

VS. A15ME SM 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7107

07114 Rea. Dist. No.

	-1-1-1-						3	
1. PLACE OF DEATH O. COUNTY P.	rince Georg	ge's	MARYLAND	O. STATE	E (Where deceased live chington D	d. If institution:	Residence befo	ore admission)
and give nearest fow	it outside corporate limits, wr on) erly Md		eden of stay in 16	c. CITY OR TOWN	N (If outside corporate shington D		AL and give ne	arest town)
d. NAME OF HOSPI	tal or institution eorge's Ger	(If not in hospital, g	ve street address)	d. STREET ADDRES	th Place	N E		e. IS RESIDENCE ON A FARMS
3. NAME OF DECEASED (Type or print)	Edward	irst	Middle B	Lost	4. DATE OF DEATH	Month June	Day	Yeor 1958-
5. SEX male		The same of the sa	DIVORCED [Jan 14	924 9. AG	E (in years IFU)		Hours Min.
10o. USUAL OCCUPATI during most of worki Car washe	ing life, even if retired		BUSINESS OR INDUST	RY 11. BIRTHPLACE (S		12	CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDE				
	Unknow			Unkno	wn			
15. WAS DECEASED EV	VER IN U. S. ARMED FO			nformant sorge W Bro	wn 2426 15	Address th Place	SE	
Conditions, if a gove rise to imme (o), stoting the couse lost.	underlying DUE TO		octu	re ej l	ruse	sh	ull	
5	,			NOT RELATED TO THE TE				PERFORMED?
20c. TIME OF INJU	JRY Month, Day, Yo	Posse 20d. INJURY While Soat work	OCCURRO 20e. PLA Not while at work	CE OF INJURY (Home, ory, street, office bldg.,	form. 20f. (City or for etc.)	tull	Hount R	(Story)
	resulted from:			ve, held on Auto		Undetermin	ned monner	and in my
ACTUAL SIGNATURE 3	mar	AT.	Sorel	M.D.	L EXAMINER			DATE SIGNED
EXAMINENS NAME (Type)	AMES	I.B.	oyd	DEPUTY MEDIC	DICAL EXAMINER D	Ju	- 1,1	958
220. BURIA CREMATIC REMOVAL (Specify Removal	6/2/58		AME OF CEMETERY OR		27d. LOCATION (SHELE	Y N.C.		(Stote)
W. ERNEST			St. NW (Was	L) DC	REC'D BY REGISTRAR	246 REGISTRAR	S SIGNATURE	

ALL S CERTIFICATE OF DEATH	
	aran e soriei
Library and water to	Configuration of the American Country I
Ser ALCT and I was 100 most	
是是一种,这种是一种,这种是一种。 第一种,是一种,是一种,是一种,是一种,是一种,是一种,是一种,是一种,是一种,是	not take the sale of the sale
To M of about 1 to a	
Having w Brown P. 26 15tm +1000 2 5	
	A STATE OF THE STA
The second of th	
Market Commission and American State of Commission Comm	and the row of the confidence

7	1 -	4
Page 4	campletely filled in by the wheral director, papers. Pages 1 and 2 shortd be filed with	1
secuted within 24 haurs after death. Page	campletely filled in by the uneral direct papers. Pages I and 2 should be filled with.	in in
rs afte	by th	00
24 hau	l and	
within	Poges	
ecuted	comple popers.	

carbon pap

pup

physician

attending

þ Ē

any gned

puo

removal.

per

burial-transit

00

USe

oched

prior DIRE

registrar

page

has

certificate or

haspital

that the

move

Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PRINCE a. COUNTY b. COUNTY MARYLAND Mary land b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) RURAL and give nearest lown) Hyattsuille. HYATTSVILLE d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE 901 Knollbrook Drive Knoll brook Dr. - apt 101 ON A FARM? YES NO NAME OF 4. DATE First Middle Year DECEASED BURNETT ALEXANDER WILKINS DEATH 1958 (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS SEX 9, AGE (In years last birthday) Months Davs Haurs White Make WIDOWED T DIVORCED T 59 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af warking life, even if retired) U.S. lenn. Retired painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1304 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address - Same. Burnett-wife NO 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420,0 DUE TO terioscleratic heart disease Canditians, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Q.N emphysema. atera severe. YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAL 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth. 20d. INJURY OCCURRED Doy, Year (County) (State) factory, street, office bldg., etc.) MEDI Hour a.m. While Nat while at work at wark MresenT. January 21. I certify that I attended the deceased fram. __,that I last saw the deceased at 5:45 A M, from the causes and an the date stated above. , and that death accurred PHYSICIAN'S (22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Memorial Park Cemetery Chattanooga. remova. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE Hines Co. Washington JUN 9

DATE

0 VS A15 (4) 15M 9/5S

FUNERAL C 3 shaul

HOSPITAL

\$1,5XQA		
		ADMITRED 073 T
	200, 100	more details
ANT OF ST	Section 1593	
The Description		CHOICE SECURE OF SECURE
	10 1.2	
	A Part Shall	Thank I was the was a street
	interior de la constante de la	La Martine State Commission of the Commission of
	all Trees of	Land Control of Long Told
		Land Control of Long Told
	To be 154 To be to	Land Hart Hart Land Land Land Land Land Land Land Land
	To an All The Control of the Control	Las Hazzario de Electronia de las Teles de la companya de las Teles de la companya de las Teles de la companya del companya de la companya del companya de la companya del companya de la companya de la companya de la companya del companya de la companya de la companya de la companya del company

Page files. Health, P 0 funeral oge Off 0 S O DIREC

should FUNER

40

VS. A15ME 5M 2/57

16

FOR STATE HEALTH DEPT.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o. COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate C. LENGTHOOF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest) 20 MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? YES NO 3. NAME OF Middle 4. DATE Month Year DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 6. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS Months Hours WIDOWED | DIVORCED T 10a. USUAL OCCUPATION (Give kind of wark/done 10b. KIND OF BUSINESS OR INDUSTRY dyring most at working/life./even if retires) BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? plor 13. FATHER'S NAME (14. MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS YES [NO IL 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY DO CONTRIBUTING DEATH. 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) factory, street, office bidg., etc.) Not while 19 3 While Not whi 21. I certify that I took charge of the remoins described above, held an Autopsy , Interestion Inquiry opinion death resulted fram: Natural couses . Suicide . Homicide . Undetermined manner Accident ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER' NAME (Type DEPUTY MEDICAL EXAMINER 220. BURIAL CREMATION, 226. DATE THEREOF 22d LOCATION Kity OR CREMATORY town, or founty) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b AFGISTRAK'S SIGNATURE

HYDRO TO BY DELTH STEEL CENTRAL OF THE OF

FOR STATE HEALTH DERI

ě	P	2	0		
2	0	ed	603	4	
2	a L	. =	90	to to	
Ď	£	etc	in	de	
0	he	At At	9	-	
	5	ď	=	of the	
=	-	Oy	1	50	
	77	E	3	5	
E IS	200	2	2	ž	
9	4	D.	n n	72	
S.	CA	20	0	C	
-	-		0/9	是	,
0	96	X	9	*	
5	0	0	0	E	
2	0	E	0	E	
44	3.5	fo D	Ü.	2	•
c	O	ţ		0	
100	တင်	.2	F	E	
\$	-	0	er e	0	
D	0	0	۵	0	
5	-	0	100	-	
D	.=	Ce	5	0	
E E	5	FF	Dr.	è	
9	e	0	0	9	
9	0	-	2	-	
Š		2	2		
2	· 01	8	60	0	
U		X	0	50	
5	P	ш	9	E	
711	o d	00	D	-	
-	:	0	e		
Ü	Pro	Me	0	0	
E I	3	-	200	5	
-	0	hie.	sho	33	
K	=	U	co	-	
2	90	he	0	0	
E	=	0	00	d	
Ç	*	ă.	2.5	_	
ä,	1	9	C	en	
1	h.		-	60	
ì	100	5	E	o"	
3	e	0	=	35	
Ę	6)	0	-	E	
nga .	2	-0	Y	977	
5	0	20	M	o	
-	0	0	5	20	
3	E)	S	-	-	
)	0	4	0	0	
			TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bac		
S.	A	15/	ME		
51	W 2	2/5	7		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1		PLACE OF DEATH O. COUNTY MARYLAND	o. STATE Waryland b. COUNTY ()						
/	b	b. CITY OR TOWN (II outside corporate limits, write tural ond live floorest lown)	c. CITY OF TOWN (If puside corporate limits, write RURAL and give nearest town)						
0	d	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 4609 Oliver Sheet	d. STREET ADDRESS 4609 Oliver St- VES NO						
		NAME OF DECRASED (Type or print) Land Rebelga (Chow 4. DATE Month Doy Year OF DEATH June 23 1958						
	5. 5	SEX 6. COLOR OR RECE 7. MARRIED NEVER MARRIED 2 8 Male WIDOWED DIVORCED	8-2594 P. Lost birthday) 63 yrs. Months Days Hours Min.						
	10a.	u. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUST U.S. Sout	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?						
)	9	FATHER'S NAME William Calhoun	14. MOTHERS MAIDEN NAMED HATTENCLEMENTS						
	13. Vn.	t, gou, or unknown) (If yes, give wor or dates of service)	Morningaturen - Some address -						
		18. CAUSE OF DEATH [Enter only one cause per line for (g), (b), opd (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	estive heart tarline INTERVAL BETWEEN ONSET AND DEATH						
		Conditions, if ony, which) (b) Carchevasco	Par renal diseasi						
		gave rise to immediate couse (a), stating the underlying cause lost. DUE TO							
0	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO SET 1.						
H	. 1	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTION	inter nature of injury in Port I or Part II of item 18.)						
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLA Hour a. m. 19 While Not while 1 of work of two controls of the controls of two controls of	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ory, street, office bidg., etc.)						
		21. I certify that I took charge of the remains described abo	ve, held an Autopsy . Inspection . Inquiry . and in my						
		apinion death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner							
		ACTUAL SIGNATURE AND SMALENCY M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED							
2		EXAMINER'S DOLN T- MALDHEY, M.D.	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D Some 23, 1958						
	220.	Burial, Cremation, 22b. Date thereof Provided Pr	n Cemetery Prince Georges County Md.						
	23.	SUNISBAL DIDECTOR'S SIGNIATURE ADDRESS	n Cemetery Prince Georges County, Md. D. C. 240. REC'D BY REGISTRAR 246_REGISTRAR'S SIGNATURE						
1	The S. H. Hines Co. 2901 14th St., N. W. DATE 25 58								

		AND REAL PROPERTY.
		The state of the s
		The state of the state of the
THE TAKE THE WAY		
	3.0	
	Character and a series of the	

CERTIFICATE OF DEATH Reg. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PRINCE GEORGE MARYLAND o. COUNTY o. STATE COLUM M Fro c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) VEAR PPER TARLBOAD d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? VANT ST. N.W. 4000 040 MILL ROAD YES NO T NAME OF 4. DATE Middle Yeor DECEASED DEATH (Type or print) 19.5 9. AGE (in years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Days DIVORCED TUNE WIDOWED A 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) KEGISTERED NURSE puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT OLD MILL 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO FTASTATIC CARCINOMA Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram C.7. . 19.5 Othat I last saw the deceased 58, and that death occurred at (2:00 from the causes and an the date stated above. ADDRESS (Street, city or town, stole) DATE SIGNED ACTUAL DIRE should PHYSICIAN'S NAME (Type) m 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) 6/21/58 Akron, Ohio Burial 0 28 FUNERALDIRECTOR'S STOMATURE 24b. REGISTRAR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 30 H Street, N.E VS A15 (4) 15M 9/SS

HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

AND	MIARORO HT		
			TOTAL PRINCE
TALL THE PERSON NAMED IN COLUMN TWO			
A second			
			The second second
		REAL WATER	
	√2.		
Police and the Police			AND LEAST OF THE PARTY OF THE P
		Cherry H. St., Nr.	

VS A1S (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE	, 18
7111	CERTIFICATE	OF DEATH	

Reg. Dist. No. 7119

_											
	PLACE OF DEATH	ince George	e¹s	MARYLAND	o. STATE	ENCE (Where		b. COUNTY .		e Georges	
	b. CITY OR TOWN (I RURAL ond give on Hyattsvi		ts, write	c. LENGTH OF STAY IN 16			ide corporote li ge Park	mits, write RU		ve nearest town)	
F	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g		oddress)	d. STREET AN	DDRESS				ON A FARA	43
=	Eyattsvil	le Mursin	y Hor	ne						I IES [] NO	<u>N</u>
3.	NAME OF DECEASED (Type or print)	HARVY	st	NELSON	CAVI	LEER 4	OF DEATH	Jun	re-	Doy Year	5 8
5.	male male	6. COLOR OR RACE white	7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	Dec 7,		9. AC	(In years birthday) yrs.		YEAR IF UNDER 24 I	
100	during most of work	king life, even if retired) ~	KIND OF BUSINESS OR INC Onstruction		rginia			-	EN OF WHAT COU	NTRY
13.	FATHER'S NAME				14. MOTHER'S	MAIDEN NAM	AE				
		Peter Cav:	ileeı		Unkn	own					
	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT			Addre)33		
(14,		(If yes, give wor or dates of s		G:	lbert Ca	vileer	Coll	ege Pa	ark, l	Md.	
ION	Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTI	mmediate the under-	a	LOW S			L DISEASE CON	dese	ular Le IN IN PART	1(o) 19. WAS AUTO	PSY 17
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter noture of	injury in Port	t I or Part II of	item 18.)		YES NO	
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	While		PLACE OF INJURY (Hotory, street, office	lome, farm, bldg., etc.)	20f. (City or to	wn)	(Co	unly) (S	tote)
	21. I certify that I attended the deceased from way, 195, to 195, that I last saw the deceased alive on 195, and that death accurred at 2 M, from the causes and on the date stated abave. ACTUAL SIGNATURE PHYSICIAN'S M.D. 4713 Darwy, stole) PHYSICIAN'S MAME (Type) PHYSICIAN'S MAME (Type)										
22	BURIAL, CREMATIC REMOVAL (Specify)		5-8	22c. NAME OF CEMETERY	OR EREMATORY	7	Lew Por	City, town	county)	(State)	/
23. FUNERAY DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS DATE 240. REC'D BY REGISTRAR 58 24b. REGISTRAR 6 SIGNAT LOW PLAN LOW PLA						hature /					

HT ARD RO ST	CERTIFICA
The second secon	Sounds County political County
	The state of the s
Participate to talk the analysis of the participate	
And the second of the second of the	
	Of the Control of the

Moe Weiss, M.

ADDRESS

CREMATION, 22b. DATE THEREOF

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Washington e. IS RESIDENCE YES NO P 4. DATE Month Year DEATH 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS Months Days Hours YES 12. CITIZEN OF WHAT COUNTRY? ISA Leslie M. Murphy Address INTERVAL BETWEEN ONSET AND DEATH 9 mos. Vrs. PERFORMED? YES NO NO 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 6/23 19 58, that I last saw the deceased and that death occurred at 7:15 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED Glenn Dale Hospital Glenn Dale. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) Woodlawn Cemetery Washington.

240. REC'D BY REGISTRAR

DATE

245. REGISTRAR'S SIGNATURE

DIREC HOSPITAL OR P FUNER Oge 3 sl 0 0 VS A15 (4)

ACTUAL

SIGNATURE

PHYSICIAN'S

NAME (Type)

(REMOVA) (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

		CERTIFIC	The second second
			sout to ma
			of the post of the same of
	-Autoli		
		TOTAL TOTAL	memorals removed a
			pl by A Bullet too 1, mer 1 to 2 Or not 1 mer 2 to 2 Or not 1 mer 2 to 2
			元 一种经过速度等
	and the second		11.1 centre 1 au trettended in decemp other centre 1 in 12.
MCDA		100	
			holor box patterns

-

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

()7121 Reg. Dist. No.

		Keg. 5111, 140.
1	1. PLACE OF DEATH O. COUNTY CO	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Prince George's
1	b. CITY OR TOWN (If outside consorate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If on side corporate limits, write RURAL and give nearest town) X Fairmount Heights
5	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 715-584 aug, h.E.	d. STREET ADDRESS d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
	3. NAME OF DECEASED (Type or print) MALKFirst H Middle	HARITE A. DATE Month Day Year OF DEATH (2) 1958
/	M Colfred WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years lost birthday) 8 birthday) 8 yrs. Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done of the during most of working life, even if retired)	mansland U.S.A.
	Malkiah Charing	14. MOTHER'S MANDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dotes of service) (16. SOCIAL SECURITY NO. 17. M. (17.	RACY Margarely - maryland
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Usean Coute Interval Between ONSET AND DEATH
	Conditions, if ony, which (b)	
	16)	seare metral desease. 1-hr
2	CCATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While at work at work to the p. m. 19	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) clary, street, office bldg., etc.)
	21. I certify that I ottended the deceased from. 2/9 alive on 19, and that death	1958, to 1958, that I last saw the deceased a occurred at AM, from the couses and on the date stated obove.
	ACTUAL SIGNATURE SULLELLY	M.D. 1107-0-St-11U1-WC DATE SIGNED
1	PHYSICIAN'S OJERANCIS DYE	R.
	220. BURIAL, CREMATION, 226. DATE THEREOF 22C. NAME OF CEMETERY O	R CREMATORY 22d (OCATION (City, town, or county) (State)
	23. FUNERAL DIRECTOR'S SIGNATURE / DOCTOR DIRECTOR 1622-	24g. REGISTRAR 24b REGISTRAR'S SIGNATURE DATE

07122

CERTIFICATE OF DEATH

_			CAL						Keg. Dis	it. No.	
	LACE OF DEATH	cince G	00770-	1 44	ARYLAND	2. USUAL RESIDENCE (W		l lived. If institut	on: Residen	ce before admi	ssion)
4			0 0			Mary.				Arund	
b	RURAL and give		te limits, write	c. LENGTH OF ST	AY IN 16	c. CITY OR TOWN (IF	outside corpor	rote limits, write I	URAL and g	give nearest to	vn)
	Ritch:			6 Mos		Edger	vater		-03	Y	
C	d. NAME OF HOSP OR INSTITUTION	FROM P	ital, give street	-Marlbar	20	d. STREET ADDRESS					SIDENCE A FARM?
		Road .	SE	ash . 28	D.C.						NO
3. N	NAME OF		First	Mic	ldle	Lost	4. DATE	Mor	ıth .	Day	Yeor
	Type or print)		Gertru	de (7.	Clark	OF DEATH	J	une	23,	19 58.
5. S	EX			RIED NEVER MA		B. DATE OF BIRTH		9. AGE (In years		TYEAR IF UNI	
1	Female	White	WIDOW		_	Feb. 27, 18	382	lost birthday) 76 yrs.	Months	Days Hours	Min.
Oa.	USUAL OCCUPAT					STRY 11. BIRTHPLACE (Stote			12 CIT	IZEN OF WHA	T. COUNTRY
-	during most of wo	rking life, even if	refired)	lementer				,,			
-	et. Scho	OT TOR	CHOL E.	Temerre	y so				0.	. S. A	•
		-1- T ~	132		100	14. MOTHER'S MAIDEN					
	Dr. Fran					Kittural	1 Daws	son			
(Yes,	WAS DECEASED EV	ER IN U. S. ARME (If yes, give war or d		SOCIAL SECURITY	NO. 17. I	NFORMANT	10-5	77 28 M	en he	ro Pi	leo's
]	No.	200 004 000	-		D	udley L. C.	lark	Dietri		rht.a.	MA.
	18. CAUSE OF DE	ATH [Enter only	one couse per li	ne for (o), (b), and	(c).]	0		, ,	110	LINTERVALE	ETWEEN
		ATH WAS CAUSE	D BY:	7	1	10 hoo.	7 /	1 8 11	~ 0	ONSET AN	DEATH
	4.42 X	IMMEDIATE CA	USE (O)				7 7	_	<u></u>	-	
	Canadal		OE 10		1 -	0.	U	0		-	0
1	Conditions, if	immediate	(b)	and	COY	orenza	0/10	val	ans	Rose	2
1	couse (o), stoting		UE TO	11800							
_	lying cause lost	,	(c)								
2	PART II. O	HER SIGNIFICAN	CONDITIONS C	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(0) 19. WAS	AUTOPSY ORMED?
CERTIFICATION											NO [
	20a. ACCIDENT W	AS UNDERLYING	20b. DES	CRIBE HOW INJUR	OCCURRE	D. (Enter noture of injury in	Port I or Port	If of item 18.)			
1	(IF EITHER, NOTIF	MEDICAL EXAMI	NER)					è			
MEDICAL	20c. TIME OF INJU	RY Month, Day	y, Year 20d. II	NJURY OCCURRED	20e. PL	ACE OF INJURY (Home, for	n, 20f. (City	or town)	IC	ounty)	(Stote)
3	Hour o.m.		19 While of wor		fo	ctory, street, office bldg., etc	:.)		, ,	,,	laiorel
ŀ	p. m.		or wor	k ot work		-50					
	21. I certify t	hat I attended	the deceas	ed from	-	9, 19 00 10	un	23 195	Sthat 1.1	ast saw the	decease
	alive an	· ·	19	50 and th	at death	accurred at 9	BM, from	the causes o	and on th	ne date stat	ed abave
П	(9		0	13	0		ADDRESS (Sir	eet, city or town,	stote)		ATE SIGNE
	ACTUAL	ann	2114	1.00	-1X	Foresty:	ille.	Marvla	nd.	6/23	/58.
П	1				0						
	PHYSICIAN'S NAME (Type)	James I	. Boyd	, M.D.							
	BURIAL CREMATIC	ON 22b DATE T	HEREOE	22c. NAME OF C	EMETERY	D CDEANA TORY	224 10047	ION (City to			
1	REMOVAL (Specify		/58:	Odd Fel			-	ION (City, town.		slawar	
2 5	Buriat	OZ CO	700:					rna,			0
	itchie		Inonal	ADDRESS T	Jpper	24a. REC	D BY REGISTE		STRAR'S SIG	NATURE	
u.	Troute 1	Bros. F	uneral	Home-Ma	artbo	TO , MICLO DATE	UL 1 '	58 (2)	2.1.0	1	

eral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after may be retained by the haspital or attending physician.

O FUNERAL DIREC

After this certificate has been signed by the attending physician and completely filled in by page 3 should be denoted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. may be retained by 1965

VS A15 (4) 15M 10/57

	ULF WHO SELECTED AND 1525	SHINKS CHEST STATES	STREET PARTIES	
	HYARO RO 31			
Loliment with work	to the law of the same of the	nicellar 3	a voor vor	
	The Town of the London	har in order		
	all July	No.		
	(Coded on .de	The state of the s	one agint	
	Colds Lor			15 .0 M
	colored statement of			
	Marke . Levels		dust book was print	no con
	,	THE PARTY OF THE P		
	The Party of the P			
А	i_collingerph_			
			Toff is Rotted	
an. of the training of the same of the sam	City II . Transpool	awelled blot.	0:55/30/a	Talk till
	****	colling-nuce.	Dress Fancer	ELIOZA,

CERTIFICATE OF DEATH Reg. Dist. No. with Page director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) a. COUNTY filed . b.-GOUNTY MARYLAND FINCE 6-8045 ES ring & M death. Prob. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest lawn) RURAL and give nearest town) Iverda Kiver dale d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Mustana Vue and YES NO NAME OF 4. DATE Middle First Month Day Year DECEASED OF DEATH (Type or print) 1950 9. AGE (In years last birthday) 4. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH Months Days WIDOWED | DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) mak 12 FIVEY ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CEN WE bours 5615 15. WAS DECEASED EVER IN U. S./ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (If yes, give war or dates of service) Mustawa attending INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Thomas DUE TO any Canditions, if any, which signed gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO V 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Manth. 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) While a. m Nat while at wark at wark 195 Yeary 1957, that I last saw the deceased 21. I certify that Lattended the deceased from uson and that death occurred at M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE DIRECTOR PROPERTY G- 71-58 6 TO HOSPITAL OR 3 shauld PHYSICIAN'S TO FUNERAL NAME (Type) / 22a. BURIAL GREWATTON. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, DEMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 240. VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	E OF DEATH	CERTIFICAT		
	The state of the s	med TEAR		
		To the visit to the		,
	T Political Contract		OBST COMPANY OF THE PARTY OF	
was willing				
	A STATE MANAGEMENT OF STATE OF STATE OF			
			A LOS SERVINO	
Countries on Haff Links No.			or Altriagnose Come	
The fact that the second secon	ematik di Salaman Kanada di Salaman Kanada di Salaman			ATTO- ATTO-

Po

VS A15 (4) 15M 9/55

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH

Red Dist No.

07124:

3

1. PLACE OF DEATH O. COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND b. COUNTY PRINCE GEORGE
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) HIGHLAND PARK 15YEARS	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) X H 1 6 H L AND PART
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	6. IS RESIDENCE ON A FARM? YES NO THE
3. NAME OF DECEASED (Type or print) ADDIE A. C	OCKRELL 4. DATE Month Doy Yeor OF DEATH JUNE 4 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH DEC. 1 1888 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work dane) during most of working life, even if retired) PREACHER PREACHER PREACHER	ISTRY 11. BIRTHPLACE (State or foreign country) ALABAMA 12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME ? JACKSON	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) (If yes, give war or dates of service)	INFORMANT (HUSBAND) Address 402 MM 11 57
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying cause last. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	YES NO (Enter noture of injury in Part I ar Part II of item 18.)
To a contract of the contract	ACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) ctary, street, affice bldg., etc.)
21. I certify that I attended the deceased from SEPT alive on JUNE 4, 1958 and that death SIGNATURE PHYSICIAN'S NAME (Type)	n occurred at 4:00 PM, fram the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED MO. 7220 BOOK FR DR. HGNTS VILLE 17 P.
220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) 6-7-58 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or country) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 172	2 7 B COASE 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH AND THE PROPERTY OF STREET Make the state of the large of the MAN ACCOUNTS of the large first and the Control of the Sales

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral direct 4 shauld be forweld for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR; Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7131 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07125

			V	-4
ner!	Dist	No		

	* 7.07						Reg. D	ist. No.	
1. PLACE OF DEATH O. COUNTY Pr	ince Georges	MAR	2. USUAL O. STAT		Where dece	b. COUN		Geo.	odmissian)
	If outside corporate fimits, write Rt	c. LENGTH OF STAY	(IN 1b c. CITY	OR TOWN (I	f outside ca	rporote limits, write	RURAL one	give neore	st town)
	everly	D.O.A.	X	Mit	chelly	rille			
	eorges Genera	of in hospital, give street addre	oss) d. STRE	ET ADDRESS Rou	te 2,	Box 139			IS RESIDENCE ON A FARME
3. NAME OF DECEASED (Type or print)	James	Edward Co.	leman	Lost	4. DATE OF DEATH	Mont June	20	Doy	Year 19 58
5. SEX		MARRIED NEVER MARRIE		. 1	7000	9. AGE (In years last birthday)	IF UNDER Months		UNDER 24 HR
M_le 10a. USUAL OCCUPATION during most of working Farmer		10b. KIND OF BUSINESS OF	INDUSTRY 11. BIRT	HPLACE (Stote		69 yrs.	-	ZEN OF WI	HAT COUNTR
13. FATHER'S NAME				R'S MAIDEN					
Jan	es Coleman		156 000	Hest	er Si	hephard			
15. WAS DECEASED EV (Yes, no, or unknown)	/ER IN U. S. ARMED FORCI (If yes, give war or dates of serv			. Cole	man,	Jr., Same		ess.	
Conditions, if a gove rise to imme (a), stating the couse fost.	underlying DUE TO (c)	Acute cong	ular renal	disea	80			ONSET AN	
<u>Z</u>	nek sigivirjicani condii	TIONS CONTRIBUTING TO DEA	IN BOT NOT RECATED	TO THE TERM	INALDISEA	SE CONDITION G	VEN IN PAR	YES [RFORMED?
PART II, OTI	USE WAS 206.	DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of	of injury in Por	t I or Part I	l of item 18.)			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yeor	20d. INJURY OCCURRED Whife Not while of work at work	20e. PLACE OF INJUI factory, street, of	RY (Home, forn ffice bldg., etc.	20f. (Cit	ly or lown)	(Cou	inty)	(State)
opinian death		f the remains describe thurst causes Acci	M.D. CHIE		Hamicide KAMINER [ER []	Inquirermined n	nonner [and in my
220. BURIAL CREMATIC REMOVAL (Specify Burial	ON, 22b. DATE THEREOF	Mt. Nebo			22 our	n Anne D ce Geo. (or county)	t (Stote)
23 TUNERAL DIRECTOR	S SIGNATURE	30 H Street	et, N.E.		JUN 1	TRAR 246. REGI	STRAP'S SIG		

HEADO SO STADINGE CONTINUES OF DEATH 7.2976B Lafringe Comment Hoping to a Tarob b, 1089 . Torigina and . . The . association . a manufacture essesin ister releasivelers della THE RESERVE OF THE PROPERTY OF THE RESERVE OF THE PROPERTY OF

THE STOP SHOW AS A STOP OF THE PROPERTY OF THE STOP OF

*500 *11 OHLOW LAND TO

Houser Sheplate of

a Littliadsozii

2 50 50 5

Rea Dist No

1. PLACE OF DEATH o. COUNTY	Stevere	MARYLAND 2. USUAL RES	IDENCE (Where deceased lived. If b. C	OUNTY Residence before of	roission)
b. CITY OR TOWN (If outside of RURAL and price pearest fown)	orporote limits, write c. LENGTH O	F STAY IN 16 c. CITY OF	TOWN (If outside corporate limits,	write PURAL and give nearest	town
d. NAME OF HOSPITAL (IF not i	n hospital, give street address) Lee Thillies	le mal ///	1-57 to an	0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	ARBOTTE	Middle E CON	RADATE OF DEATH	Month Day	Year 19 5 8
5. SEX 6. COLO		MARRIED B. DATE OF BIR	1-1880 9. AGE (1 lost bir 7 8	n yeors IF UNDER 1 YEAR IF L Months Days Ha	
10a. USUAL OCCUPATION (Give kinduring most of working life, ex	ind of work done en if retired)	NESS OR INDUSTRY 11. BIRTH	PLACE (State or foreign country) ARYLAND	12. CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME HEN	RY SMI	TH 14. MOTHER	s maiden name Unknown		
	ARMED FORCES? 16. SOCIAL SECUR or or dates of service)	ITY NO. 17. INFORMANT	Q. Conras	Address 011/1-57 a	Tolleid me . m
PART I. DEATH WAS C	DUE TO	ovar, Ceremonelero.	romboris teriorclerate ris Ceneral	Heat disease	L BETWEEN ND DEATH
PART II. OTHER SIGNIF	OF DEATH I	eary, Puls	O THE TERMINAL DISEASE CONDITUUTION OF INJURY OF INJURY IN PORT OF PORT II OF ITEM	rosis PE	AS AUTOPSY REFORMED?
20c. TIME OF INJURY Month, Hour o. ps. p. m.		frankrime attack affi	(Home, farm, ce bidg., etc.)	(County)	(Stote)
21. I certify that after alive on	anded the deceased from 1950, and 19	that death occurred a type. In the Hole of	11/6 11.	19 Skithat I last saw (suses and on the date sor town, stote)	
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF 22c. NAME O	OF CEMETERY OR CREMATORY	22d. LOCATION (City	town, or county)	Stole)
23. FUNERAL DIRECTOR'S SIGNATU			240. REC'D BY REGISTRARS 24	B RIGISTRAR'S SIGNATURE	

	HTARO TO STAD	CERTIFIC	
Live St. Section of the			
716	32		•
A STATE OF THE STA	111.		
		in the process of the	
			Fire Substitute (1) of edition (1) 75
			Name of Land
	Seat a month of		
	of Durant Land St.		Charles of Fiching Street, or

MARYLAND

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE
b. COUNTY

6 4	or,	vith	
Pag	direct	ed	1
oth.	araf o	be fil	1
r de	-3	ā	
ofte	the	2 sh	
hour	in b	puo	
24	led	es 1	
ithir	ely f	Pag	
ed v	nplet	ers.	
xecu	can	pap	eoth.
be e	ouo c	rbon	ler d
cote	sicial	/e co	rs of
ertifi	phy	ema	hou
of the	ding	ase r	in 72
e dec	atter	n ple	W.
at th	= e	The	eveni
es th	d by	mit.	ony
duir	signe	per :	0
W Fe	sicial	ronsi	l, on
he lo	phy has b	riol-	MOVO
N.	ding	e po	ir rer
ICIA	atten	as th	an, o
PHY	al ar	use	mati
NG	Spito fter t	d for	, cre
END	A P	ache	burid
ATT	O A	900	2
080	DIRE	ple b	bud.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by the haspital ar attending physician. TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the errol director,	page 3 should be acrocked for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with	the registrar prior to burial, cremation, or remayal, and in any event within 72 hours offer death.
TOSE	UNE	ge 3	Leg-
10	10	Do	1

VS A15 (4) 15M 9/55 1. PLACE OF DEATH o. COUNTY

RURAL ond give	20			10 day		V					")				
Hyattsville 2mo.18 days A Oxon Run Hills d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e.						. IS RES	IDENCE								
OR INSTITUTION Carrol	1 Manor										FARM?				
3. NAME OF DECEASED	Fie	st		Middle		Last 4. DATE Month					Day		Year		
(Type or print)	Richard		100	L.		Cour	nts	Sr.	DEATH	Jun	0		20		1958
5. SEX	6. COLOR OR RACE	7. MARR	IED NI	EVER MARRIED	□ B						Nonths	1 YEAR	Hours	R 24 HRS.	
Male	White	WIDOWE	Lagran,	DIVORCED [May 18, 1860 98 yrs.				nomitis	Days	nours	Min.		
10a. USUAL OCCUPATI	ON (Give kind of work rking life, even if retired	done 10b.	KIND OF	BUSINESS OR I	INDUST	FRY 11. BI	RTHPLA	CE (Stole	or foreign o	country)		12. CI1	IZEN O	WHAT	COUNTRY
School							Vi	gin	ia				USA		
13. FATHER'S NAME		-				14. MOT	HER'S A	MAIDEN N	IAME						
Elijah	shelby C	ount	s				Ca	ther	ine l	Rasnic	k				
15. WAS DECEASED EV	ER IN U. S. ARMED FOR		SOCIAL SI	ECURITY NO.	17. IN	FORMAN	T				Address	Bet	hes	da.	Md.
no			19-24	4-5180	A	Rich	nare	d L.	Cou	nts Jr					
18. CAUSE OF DE	ATH [Enter only one co	use per lin	e for (o),	(b), and (c).]									INTE	RVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY:	,	SHO	cK									ONS		DEATH
4500	DUE TO												7	11-	20/ 7
Canditions, if	man sublab V	+	NE	VMON	1 4								1 3	0/	145
gove rise to	immediate (9/40/1										0/	7
tying cause last	the onder-		ENI	CRALI	7	F.D	A	RTER	105	CLERO	17/	7	1	460	RR
Z PART II. OT	THER SIGNIFICANT CON		ONTRIBU	TING TO DEATH	1 BUT N	NOT RELAT		-000							
4934		177												PERFC	RMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	CRIBE HOV	W INJURY OCCI	URRED.	. (Enter no	ture of	injury in f	Part I or Pa	rt II of item 18.)				
ZOC. TIME OF INJU Hour a. n. p. m.		While	NJURY OC	while	focto	CE OF INJ	URY (He, office	ome, farm bldg., etc.	, 20f. (Cit	y ar town)		(0	County)		(State)
21. I certify t	hat I attended the	decease	ed from			. 19	53	to 2	o Ju	N 19.	58	that I	last sa	w the	decenser
	M- 20 JUNE			and that de											
1			1		00,,,	0000110	u u			itreet, city or to			ne dui		ATE SIGNED
ACTUAL	tenny K		1) 0	Rla	/ "	0 90	5 5	HEO	DAN	Cr H	VAT	TS VII	15	G	10/13
		1			~		-31>	ASCEN	LVZZYL.		TELL.	/STITE	32/		TINAT -
PHYSICIAN'S NAME (Type)	Henry R. V	Volfe				905	Sh	erid	an S	t. Hys	tts	svi	lle,	Md	
REMOVAL (Specify	ON, 226. DATE THEREC			ME OF CEMETE		COEMATO	YRY.			TION (City, to				(Stot	e)
Buria.			1 00	dar Hi			-			tland,					
23. FUNERAL DIRECTO	1/ 00.		382	1-14th	St		W.	1UN 2	384 BEGIS	TRA DE	ECRS69	MR'3/910	GNATUR	Ē	
1 pances	Hoollin	0	Wash	nington	n l	1, 1	OC II	PAREJOI	123	8	h	edu	ela		
						14 11		17.5							

no man and the			
	west medicales of		A The state of the
	deligas melana ata ana		
	walls and admin		
	THE COLUMN TWO		
		(berita)	Jasinau Liberali
	sadmin artinalan		o tables on the
ed accesses one	. The state of the		
		A LOSS VINE	
		W. Carlotte	
	production of the confidence from		
name of the state of the leading	(Se)		art beliefed to 15 yelloo 2,15
	est of managers 128 as		A possible and
· S A K. Wat	TANK OF THE TANK OF STREET		The state of the state of the state of
	The same of the sa		

14.5

0 0 50 age 1, 2, Page poges ans with Pages m PM3. form Offi pending" 0 wse(Me Chief Me RE FOR

16

design

should FUNER

40

VS. A15ME

5M 2/57

		1	-	X
	FO	R S	TA	1
H	IEA	LTH	DE	PT.
40	-			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07128

Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Maryland Prince Georges MARYLAND b. CITY OR TOWN III outside corporale limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) B. ltimore Cheverly d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE ON A FARM? 6715 Gary Avenue Prince Georges General Hospital YES NO Middle DATE Month Year DECEASED OF DEATH 1958 June (Type or print) Robert Garrion Dav 9. AGE fin years 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED TO 8. DATE OF BIRTH IF UNDER TYEAR IF UNDER 24 HRS. Months Doys Hours white WIDOWED | DIVORCED T 8-19-10 Male yrs. 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Rubber Hose Maryland Stock clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Catherine Zellers Gordon Warfield 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (If yes, give war or dates of service) Gordon Day: same address as #2. No. 220-36-1395 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Hemorrhage and shock IMMEDIATE CAUSE (o) DUF TO Compound, comminuted fracture of skull Conditions, if ony, which gave rise to immediate couse DUE TO (a), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? NO 🚽 YES | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part fl of ilem 18.) 20a. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING Passenger in an automobile in collision with another. Month, Doy, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, i 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while of work Pr. Geo. Md. Highway Cheverly 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry to and in my opinion death resulted from: Natural causes , Accident 🚾, Suicide , Hamicide , Undetermined manner ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER June 15, 1958 John T. Maloney, M.D. DEPUTY MEDICAL EXAMINER OF NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stofe) REMOVAL (Specify) June 19, 1958 Colgate, Md. Oak Lawn Cemeterv 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE DATE JUN 1 8 '58 Ullrich Funeral Home 2112 Dundalk Ave.

MARRIAND STATE DURANTHERS OF DEALTH OR DEATH

September Seekel Lavingoil Laguere no rout at Commence of the control of the contr . . . GRAFI SALES , 'a di la companya (in marcon de la companya di la 250/18 HAVE 67 HAVE CENT Lipin to equipment barrierace, home area The west of the second of the . Tendere in an attended in collision of the another. ·000 -75 22 Classic, Mr. Schmidt, Ellis gentlem blad, a made Seesa il per alter il spinitta dell'alternation dell'alternation The same of the control of the same of the Description of the Control of the Co June 15, 1958 Company that the state of

M

I

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3193 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07129

Reg. Dist. No.

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution Residence before admission)
	O. COUNTY PRIMARY CO GO A SESMARYLAND	o. STATE OF BY COUNTY TAKES
1	b. CITY OR TOWN (If outside corporate limits, wite RURAL C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give represt town)
	Basing dive nearest town)	1× 13 ran demand
1	d. NAME OF HOSPITAL AR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	600, 600 legon 122-0	1 PAT 2 Boy 3 8 YES NO P
	3. NAME OF First Mindle	Lost A. DATE Month Day Year
ı	(Type or print) PL, PO, 4 LOON, A	OODA DEATH Q 12 19 18
1	5. SEX 6. COLOR OR RACE MARRIED NEVER MARRIED B.	CELUCIAN Strange 16 130
1	neale Inlit: WIDOWED DIVORCED	Months Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTR)	Y 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
	during most of working life, even il retired)	10 + +100 L 7 5
	rune	Mesner gramma a. J. C.
	DESTRUCTION OF A	14. MOTHER'S MAIDEN NAME
	Thelig herry herry In	Mary Dernoden Kussick
	15. WAS DECEASE EVER IN U. S. ARMED (RCES? 16. SOCIAL SECURITY NO. 17. INT	FORMANT A DAY O A Address
	no	ory 1) Milel same as # 2
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	preman
	LL9/X DUE TO	
-	Conditions, if ony, which) (b)	
	gove rise to immediate cause (a), stating the underlying DUE TO	
	couse lost. (c)	
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED?
	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. EXTERNAL CAUSE WAS PRIMARY 0r CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (En	YES NO []
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (En	ter noture of injury in Part 1 or Port II of item 18.)
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
	3 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e. PLACE	E OF INJURY (Home, form, 1 20f. (City or town) (County) (State)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE Foctor 20d. INJURY OCCURRED 20e. PLACE Foctor 20d. INJURY OCCURRED 20e. PLACE Foctor 20d. INJURY OCCURRED 20e. PLACE 20d. INJURY OCCURRED 20d. INJU	y, street, office bldg., etc.)
4	21. I certify that I took charge of the remains described above	e, held an Autapsy Inspection I Inquiry and in my
	opinian death resulted from: Natural causes D. Accident	, Suicide , Homicide , Undetermined manner
	opinion death resolved from: redional couses p, Accident	j, soicide [], riomicide [], onderermined mainler []
	ACTUAL ()	CHIEF MEDICAL EXAMINER T
	SIGNATURE CONTROL OF THE	ASSISTANT MEDICAL EXAMINER
-	EXAMINER'S / / / 7 / R	DEPUTY MEDICAL EXAMINER OF
	INAME (Type) /A MeS 1, DOVA	73,175
	220. BURIAL COPMATION. 22b. DATE THEREOF 22C. NAME OF CEMETERY OR C	REMATORY 22d. LOCATION (Chy. town, or county) (Stole)
	During 6-17-58 allengton	of the period by security and accompany controller
	23. FUNERAL DIRECTOR'S SIGNATURE 1661-ADDRESS 1661-	- ROSE 740. REC'D BY REGISTRAR 28 REGISTRAR'S SIGNATURE
	Denimino Mo. Wosh w	DATE JUN 1 6 '58 Cll freduch

VS. A15ME 5M 2/57

HIA30 80 STADISTRED 2 BEINGARS LADISEMED BY

A COLUMN TO THE PARTY OF THE PA

FOR STATE HEALTH DEPT

files. Page M

ary, please

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7133 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07130 Reg. Dist. No.

- (-		
	I. Pi	COUNTY Prince Georges MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND O. STATE O. STATE
	b.	CITY OR TOWN (If outside corporate limit write RURAL ond give neared town) Cond (to nearest town) Cond (to nearest town) Cond (to nearest town) Cond (to nearest town)
	d.	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Prival George Concrete Hespety 4733 Homer Granuses No A FARM?
	D	NAME OF DECEASED Type or print) NAME OF DECEASED Type or print) NAME OF DEATH
	5 SE	EX 6. COLOR OR RACE 7. MARRIED NEVER MARIED S. DATE OF BIRTH 9. GE In yours low windows Doys Hours Min. Pruale Why WIDOWED DIVORTED Navel 1887 7 yrs.
		USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE diote or foreign county) 12. CITIZEN OF WHAT COUNTRY? TOUCH TO THE MEMBERS OF WHAT COUNTRY? 12. CITIZEN OF WHAT COUNTRY?
	13.	FATHER'S NAME Testler mergaret Hamming
	15. 'Yes,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dotes of service) NONE Walter Delles Address NONE
		18. CAUSE OF DEATH [Enter anly one couse per line lar (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the underlying couse last. (c)
)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 1 NO 1
0	L CERT	200. EXTERNAL CAUSE WAS PRIMARY BOT CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (Lifty or bown) (Conty) (Stote) Hour o. m. 1958 While Not while of work of the other of the conty of
		21. I certify that taak charge of the remains described abave, held an Autopsy , Inspection Inquiry and in my opinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner
2		EXAMINER'S NAME (Type) LA MES I BOY DEPUTY MEDICAL EXAMINER 13, 1958
		BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY Southern, or county) (Store) BURIAL (Specify) 6/16/1958 (Store) BURIAL (Specify) Suitland, Mayfand
	T	LINET T. Ryan. In. 91. 317 Pa. Ave., S. E DATE JUN 1 6 '58 DEGISTRAR'S SIGNATURE

Reg. Dist. No.

		2.0	9-111					Reg. Dist.	No.	
PLACE OF DEATH O. COUNTY Prince	e George		MARY		USUAL RESIDENCE (Wo. STATE Baltimore.		d lived. If institut b. COUNTY		before admi	ssion)
	If outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF		orote limits, write f	RURAL and giv	e nearest tow	rn)
	Maryland		4 mo. 3.W	ks.	Baltimor	e	3	VOI	- 4	
d NAME OF HOSPI	TAL (If not in haspital a	give street o			d. STREET ADDRESS				e. IS RE	SIDENCE A FARM?
Sacre	d Heart H	ome			06 Springf:	ield A	ve.			NO 🔀
NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mai	nth	Day	Year
	rs. Elizab	eth	A.		oehler	DEATH	June		30	19 58
SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED 8.	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	YEAR IF UNE	
Female	white	WIDOWE	DIVORCE	0 0	July 8, 187	0	87 yrs.	Months D	ays Haurs	Min.
o. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	dane 10b. I	KIND OF BUSINESS C	R INDUSTR	11. BIRTHPLACE (State	e ar foreign a	country)	12. CITIZI	EN OF WHA	T COUNT
Housewife					Baltimor	e. Mar	yland	U.S	5.	
. FATHER'S NAME					4. MOTHER'S MAIDEN					
John Enge	lhardt				Anna Yeak	el				
. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17, INFO			Add	Iress		
Yes, no or unknown)	(If yes, give war or dates of	in vice)	None	Si	ster Hyacin	th. Sa	cred Hear	rt Home	. Hva	ttsvi
18. CAUSE OF DEA	ATH [Enter anly ane co	ouse per lin	e far (a), (b), and (c).		<u> </u>				INTERVAL B	ETWEEN
	ATH WAS CAUSED BY:	Dw	eumonia.	•	r. both 1	111000			ONSET ANI	
119 x X	IMMEDIATE CAUSE (c		emilolita.	1000	r, both 1	nugs			120	lays
Canditions, if a	mmediate	,								
cause (a), stoting	the under-)								
lying cause last.		r)	ON ITRIBUTION TO DE	ATAL BUT ALC	T DELLATED TO THE TERM	Albert Dict of	of Contribution of	(FA - IA - B - B - T - T	/ 110 W/AC	AUTOREV
PART II. OT	HER SIGNIFICANT CON	WILLOWS C	ONIKIBUTING TO DE	AIH BUI NO	T RELATED TO THE TERM	MINAL DISEAS	SE CONDITION GI	VEN IN PAKE I	PERF	ORMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRED. (Enter nature of injury in	Part I ar Pa	rt II af item 18.)			
20c. TIME OF INJUI Haur o. m. p. m.	RY Month, Day, Ye	20d. IN While at wark	Nat while at work		OF INJURY (Hame, far y, street, affice bldg., et		y or town)	(Co	unty)	(State
	nat I attended the	decease	ed from Feb	6	., 19_58 to_J	TIn0 30	19 🖺	Sthat Lla	st saw the	decens
707	ine 30	19			corred at 4:0					
3	. 1		1	acam o	our or the		Street, city ar tawn,			ATE SIGN
ACTUAL	to me a	7	(100		322 *	10	NF		4	120
SIGNATURE	- VIVIA	-		M.		0			0	4-341
PHYSICIAN'S NAME (Type)	Thomas F	Coli	line		Was	oken	ator	DC		
2a. BURIAL, CREMATIC			22c. NAME OF CEM	ETERY OR C	PEMATORY	22d LOCA	ION (City, tawn,	or country	(Sto	te)
BUT Talecify					r Cemeter					iie)
. FUNERAL DIRECTOR	-,-,-		ADDRESS	200110		D BY REGIS		STRAR'S SIGN		
	foran -30	00 E		TRA S			8 (20	- elul	4	
OTHI M. I	101 all - 50	CO E,	· Dar ottill	TE D	OT CC O DATE	_	040			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the ottending physician and completely filled in by the feeron director. page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remanal, and in any event within 72 hours ofter death.

M

90

VS A1S (4) 15M 9/55

	HTA30 30 31		
	The special of the state of the		Services sonist
	Approximation of the second	. CONT. T. CONT.	Bu Synta , Hillentian
TO ON	was the Control of		emudi signal en Silvi
		Table (196 France	Abert His was 1 200
	UNEL 8 1200		No. of Lone 1
	lynas armedisisi		
Livedough . once during her			
	DEPTH MALASTA		
	word M. D. L. S. St. hit-Look and districts.	William International Property	
			Total total administration
			68/8/10/5/2012
		eronia Ini .	M DOOR - Interpol . A splay

MARTINAND CLASS DEPARTMENT OF HEALTH-EARTHMORE

CERTIFICATE OF DEATH

07132 Reg. Dist. No.

K	1. PLACE OF DEATH O. COUNTY D. C	
	TRINCE George County Taky land The Geo	
	RURAL and give nearest lown)	est town)
	Oxog 1111 (Raka)	IS ASSIDENCE
0	ORINSTITUTION D	ON A FARM? YES NO W
	3. NAME OF DECEASED A DATE Month Day	Yeor
	(Type or print) Nange I Rene Domaldson DEATH June 28	1908
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH T-c male White WIDOWED DIVORCED DEC. 7, 1891 P. AGE (In years IF UNDER 1 YEAR Months Days Months	Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
	aletned Suleslady Lirton, Va. U.S.	A
	13. FATHER'S NAME	
1	FRANK. C. Clark Marietta Burdette	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT [Yes, no. or unknown] [(if yes, give war of dates of service) [7]	2.06 4 24
/	No No 1319-23-21/15 alma wood lich tallse	Rd 11
	IONISE	TAND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) URE MI C	40045
	Conditions, if ony, which) DUE TO AREERIO - Sclenotic Heart Disease 2	2 4125
	(0)	o mas.
	couse (o), stoting the under DUE TO VIA DETES MEIII INS	J with
	lying couse lost. (c) CoRanaka Throm posis	millo
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.	PERFORMED?
		YES NO
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County)	(Stote)
	Hour o. m. While Not while foctory, street, office bldg., etc.)	(31016)
	21. I certify that I attended the deceased from 1950, to 6 4 1, 1950, that I last say	
	alive on 1958, and that death accurred at 1940M, from the causes and an the date ADDRESS (Street, city or town, stole)	e stated above DATE SIGNED
	ACTUAL TO THE PLANT OF THE PLAN	F 6/281
1	SIGNATURE WHO CAMPETOTED M.D. 1519 DEDAGIOTEN R.C.S	1
1	PHYSICIAN'S Anna CounctoDD D. E. 22	
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR) 22d. LOCATION (City, town, or county)	(Stote)
	Burial 1-1-142 of Slement Wash, DX	
	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS 131-11 240. REC'D BY REGISTRAR 240 REGISTRAR'S SIGNATURE	
	Mattingly lake a Compare JUN 30 58 Ullineduch	

779%

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death: Page 4

HYARD TO ST	CERTIFICA		
And the second			
	Valor Espera		
		None Piles	
STATE OF			
2.37			

CERTIFICATE OF DEATH

Reg. Dist. No.

1		keg. Dist. No.
3 7	1. PLACE OF DEATH O. COUNTY RINGE GEORGES MARYLAND 2. USUA O. ST.	ALE RESIDENCE (Where deceased lived. If institution Residence before admission) / ALE MARY Lands. COUNTY La Georges
9	RURAL and aire morest town) Hy IS FORESTVILLE	District Heights DID.
0	d. NAME OF HOSPITAL (If not inhaspital, give street oddress) OR INSTITUTION Patchia Rd S S S S S S S S S S S S S	REET ADDRESS I. IS RESIDENCE ON A FARM? YES NO D
13	3. NAME OF DECEASED (Type or print) Anelia First Middle	Ellis DEATH JUNE 12 1958
	remale White WIDOWED DIVORCED EA	F BIRTH Sept 9,1888. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
	during most of working life, even it retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. Eduring most of working life, even it retired)	England USA.
י	13. FATHER'S NAME 14 MO	Phoebe Flowers
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN (Yes, no. or unknown) (If yes, give wor or dates of service)	ia P. Dickson - 5814-Ritchie Ra
	18. CAUSE OF DEATH [Enter only one cause per line for (q), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (q)	me Joilure Interval between ONSET, AND DEATH
	Conditions, if ony, which gave rise to immediate (b)	hisufficiency & Mont
+	tying cause last. DUE TO Co.	e arterio se drotie HD 642
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	JED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO DE
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter n OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ature of injury in Part I or Part II af item 18.)
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Hour o. m. 19 all work of wark of wark	JURY (Hame, farm, 20f. (City ar tawn) (Caunty) (State) 1, affice bldg., etc.)
	21. I certify that I attended the deceosed from January, 19 alive on 1990 that 0 4 1990, and that death occurre	to M., from the couses and on the date stated above.
	ACTUAL SIGNATURE Covey W.D. 71	ADDRESS (Street, city or town, state) DATE SIGNED ADDRESS (Street, city or town, state) DATE SIGNED COUNTY OF THE COUNTY OF THE STATE OF THE STA
1	PHYSICIAN'S SINNE W. LOWRY !	11. DISTRICT HEIGHTS 415
1	220. BURIAL, CREMATION. 22b. DATE THEREOF 8 22c. NAME OF CEMETERY OF CREMAT REMOVAL ASPOCITY. 6-14-58 DATE THEREOF LINES OF CEMETERY OF CREMAT	em. Blackinstury Mol
2	23. FUNERAL DIRECTOR'S SIGNATURE & Washington 'S.	24a. REC'D BY REGISTRAR DATE JUN 1 6 '58 24b. REGISTRAR'S SIGNATURE
C		FEEN 1 6 '58 Ollestedin

may be retained by the haspital or attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the page 3 should be defacted for use as the burial-transit permit. Then please reprove carbon papers. Pages 1 and 2 state registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

erol director,

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4

THAT I WAS A SELECTION OF THE PARTY OF THE P	and findly but	HTABU 10 BTA	CERTIFICA	1195	
		And the State of t			
	Control of the second of the s				
Care The street care from the street of the		The second second			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7134

CERTIFICATE OF DEATH

Reg. Dist. No.

- 0	17	1	2	5
0	4	1	U	U

1. PLACE OF DEATH o. COUNTY	rince Georg	zes	MARY	LAND	2. USUAL RESIDER	NCE (Wher	e deceased	lived. If institu b. COUNT	tion: Reside	nce befor	o admis	ion)
RURAL and give n	If outside corporate limited earest tawn) ville Chev		c. LENGTH OF STAY	IN 1b	c. CITY OR TO	wn (If out		ote limits, write	RURAL ond	give nec	rest low	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	give street	oddress)		d. STREET ADD	DRESS		013 54t	a Avi		ON	FARM?
3. NAME OF DECEASED	Fires General		Middle		Last		. DATE OF	Me	onth	Do	у	Yeor
	acob	,			urich		DEATH	June		19		1958
5. SEX	6. COLOR OR RACE	7. MARR	TIED NEVER MARRIE	_	11/11/18	78	5	P. AGE (In years last birthday) 79 yrs	Months		Haurs	Min.
100. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	done 10b.	KIND OF BUSINESS O	R INDUST	RY 11. BIRTHPLAC	E (Stote or	foreign cou	intry)	12. C	ITIZEN O	F WHAT	COUNTR
doring mast of war	king ine, even ii renred		retired		Ge	rmany	7			U.	S.A.	
13. FATHER'S NAME					14. MOTHER'S M	AIDEN NA	ME					
Jacob E	urich				U	nknow	m					
15. WAS DECEASED EVI	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INI	FORMANT			Ad	dress	Hva	tts	rille
No	(ir yes, give wor or ourse or s		16-05-6315		Mrs. Ern	estin	e Gar	rity 5	013	54th		
Canditions, if a gave rise to a cause (a), stating lying couse last.	mmediate ()		era)		HETERMIN		SPASP	IVEN IN PA	RT 1(o) 1	9. WAS	AUTOPSY ORMED?
PART II. OT 20g. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OF	CCURRED.	(Enter nature of i	njury in Pa	rt I or Part	Il of item 18.)				NO 🔯
	MEDICAL EXAMINER)											
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Day, Ye	While	Not while at wark		CE OF INJURY (Ho pry, street, office b		20f. (City o	or town)		(Caunty)		(State
21. I certify at alive on \$\square\$ U. ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	not I attended the te 19 Rarles C. Dr. Char	195 Ho	8, and that		. 19 58. occurred o 12 o. 3308	220 F	M, fram	the causes set, city or town	and an	last so	te stat	deceas ed abor ATE SIGN
220. BURIAL, CREMATIC REMOVAL (Specify Entombment	1 00 700		22c. NAME OF CEME Parkwood			2		ON (City, town,	or county)		(Sto	(e)
23. FUNERAL DIRECTOR		Kons	ADDRESS Jan. 7401	Kela	100 2		BY REGISTR	AR 246 REC	SISTRAR'S S	IGNATUR	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 may be retained by the hospital ar attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the ottending physician and campletely filled in by the page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shoute registror prior to burial, cremotian, ar removal, and in any event within 72 hours offer death.

VS A15 (4) 15M 10/57

CENTRICATE OF DEATH onid to the second of the seco The state of the second of the

VS A15 (4) 15M 10/57

7	>
1	/
V	
	E

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7135

CERTIFICATE OF DEATH

Reg. Dist. No

07136

1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (Who o. STATE		If institution: Residence	e before admission)	
b. CITY OR TOWN (If outside corporate limits, write		Maryland		Pri	Ince Geor	ge
RURAL and give nearest town)	E. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	utside carporote limi	ts, write RURAL and gi	ve nearest tawn)	
d. NAME OF HOSPITAL (If not in hospital, give street ad	10 Days	X Lanham				
OR INSTITUTION	dress)	d. STREET ADDRESS			e. IS RESIDEN	
	ospital	7604 Finns	s Lane		YES NO	D-0
3. NAME OF First DECEASED	Middle	Lost	4. DATE OF	Month	Day Year	
(Type or print) Catherine Lot	uise Finn		DEATH	June 18	19	
5. SEX 6. COLOR OR RACE 7. MARRIE	9.00	. DATE OF BIRTH	9. AGE	(In years IF UNDER I		HRS.
Female White WIDOWED	Last Marie	11-13-87	70		odys 1100/s	viin,
10a. USUAL OCCUPATION (Give kind af work done 10b. KI	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	ZEN OF WHAT CO	UNTRYP
Clerk- Federal	Jovernny	ut Irash	mylos,	D.C. U.	S. A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME -			
Eugene Ha	man	Eller	· 1	reno	1200	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC	OCIAL SECURITY NO. 17. IN	FORMANT	0	Address &	book	
no	- m	ary C.	Evers	ole_		
18. CAUSE OF DEATH [Enter only one couse per line	far (a), (b), and (c).]	1			INTERVAL BETWE	
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	aremia				ONSET AND DE	AIH
260 X DUE TO	-) 1	1 -	101		0	
Conditions, if ony, which) (b)	nephrosell	proses - I	robehi		7 mas	1
gove rise to immediate DUE TO	014	1 111+	2 - 50 / 5 / 5		1112	
lying couse lost.	Drabeles	Melleus				
PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDI	TION GIVEN IN PART	1(a) 19. WAS AUTO	OPSY
IS I NIES	STINAL	OBSTRUC	TION		YES NO	
PART II. OTHER SIGNIFICANT CONDITIONS CO. 20a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH UIF EITHER, NOTIFY MEDICAL EXAMINER	IBE HOW INJURY OCCURRED.	(Enter nature of injury in P	art I or Part II of ite	m 18.)		-
		CE OF INJURY (Home, farm, ory, street, office bldg., etc.)	20f. (City or town) (Ce	ounty) ((Stote)
Haur o. m. 19 While of work [Nat while of work	ory, street, office blog., etc.,				
21. I certify that I attended the deceased	from MM.	1957. ta	line	1958, that I lo	net amus the star	
alive on / 1 / 19.5	7	occurred at 2:20 A				
1 10 11	A. b		ADDRESS (Street_cipy			SIGNED
SIGNATURE THOS OF WORKER	ney MD.	4814	4-7158	ave.	18 10	IN 58
and the second second	1.1.01.5	V 1 - 1 1	MINDSTER	14111	M ~	
PHYSICIAN'S THOMAS G	- MALONE	170. 41	TVDOVER	HILLS	14 D.	
22a. SURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CREMATORY '	22d. LOCATION (Cit	y, town, or county)	(State)	
Bunal 6/21/1958	mt olevet	Cemeley.	Wasking	sten bl	0.	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	244. REC'D	BY REGISTRAR	Ab. REGISTRAR'S SIGN	VATURE	
Malley's Funeral Home	nat Roune	med BATEJUN	20 58	Wheave	h	

Lat 250 Mittali-Mijaih					
	30 117				
					James
and and a					
				MILES OF	
	*			2	2
		January.	m.P	. وروان	
	1				
		8118 118			
	6446				
	1.1				
		3 14			

杨

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7136

CERTIFICATE OF DEATH

Pan	Dist.	No

								wag. Dist	. 140,	
1. PLACE OF DEATH			MAR	YLAND	2. USUAL RESIDENCE		ed lived. If institut b. COUNTY	,		
	ince George (If outside corporate lim	ts write	c. LENGTH OF STAY			yland		Prince		
RURAL and give		13, 11114			1 100 -		orate limits, write l	CURAL and gi	ve nearest	tawn)
Cheve			10 Day:	S		yattsvil	le			
OR INSTITUTIO	PITAL (If not in hospitat, on	live street	oddress)		d. STREET ADDR	RESS				RESIDENCE
Prince	George Gener	al H	ospital		6218 20	Oth Aven	ue			S NO D
3. NAME OF DECEASED	Fir	st	Middle	e	Last	4. DATE	Mai	nth	Day	Yeor
(Type ar print)	Patric	ia l	Marie		Flood	DEATE	ı Jı	ne	17	1958
5. SEX			RIED NEVER MARR	1ED € 8.	DATE OF BIRTH		9. AGE (In years			INDER 24 HRS.
Dama I a		WIDOW		-	1 2 70		last birthday) yrs.	Months D	Days Ho	ours Min.
Female	TION (Give kind of work		board		6-7-58	(State or faceion		12 CITIZ	U I	HAT COUNTRY
during most af w	rarking life, even if retired)	KIND OF BOSINESS (OK 11400311	TI. BIRTITIONCE	(Sidie di loreign	edomyj			
					Maryla			U.	S.	A.
3. FATHER'S NAME					14. MOTHER'S MAI	IDEN NAME				
Joseph	h Raymond		-		/ Ru	th Darre	lle			
IS. WAS DECEASED E	VER IN U. S. ARMED FOR		SOCIAL SECURITY NO		ORMANT		_ Add	lress		
	(in yes, give war or dates or t	ervice!		110	spital re	ecords	Cheverly	Md.		
18. CAUSE OF D	DEATH [Enter anly one co	use per li	ine far (a), (b), and (c)	1.1					INTERVA	L BETWEEN
	EATH WAS CAUSED BY:	1	10	1	1 pt.	1/11	1 4			AND DEATH
7100	IMMEDIATE CAUSE (c		RELATED ASIE	Warte Co	Sullep	181 - 1564.61	heef			
160.0	DUE TO	- //	10 110	1 0	-4 -					
Conditions, if		1 64	secutal a	1 Theen	clear					
cause (o), slatin			0							
lying cause las)								
PART II. C	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT N	OT RELATED TO THE	TERMINAL DISEA	SE CONDITION GI	VEN IN PART	1(o) 19. W	AS AUTOPSY
<u> </u>										ERFORMED?
PART II. C	WAS UNDERLYING	20b. DES	CRIBE HOW INJURY O	OCCURRED.	(Enter nature of inju	ury in Part I ar Pa	ert 11 of item 18.)			
OR CONTRIBUTION	NG CAUSE OF DEATH									
		las i i		Too mas		. last				
20c. TIME OF INJ	URY Manth, Day, Ye	While	NJURY OCCURRED Not while	facto	E OF INJURY (Hamery, street, affice bld	e, form, 20t. (Cit g., etc.) !	ty or tawn)	(Co	ounly)	(State)
p. n	10		rk at work							
21. I certify	that I attended the	decens	sed from Over	re 7	, 1958, to	Queni	217, 195	Sthat I la	et com	the decourse
alive an	11111	10	n dh		ccurred at 3:					
dive dil	L242406-1-1-1-	, 17	, and mai	i dedin c	ccorred dizz.		Street, city or town,		e date s	DATE SIGNE
ACTUAL ,	10 1	11	D. 4		n.	ADDRESS (Sireer, City dr Idwin,	storej		DATE SIGNE
SIGNATURE	RIMIELL IT.	01	Loubours	10 M.	D	le gar	Lark-py	ugs.		
PHYSICIAN'S		-								
NAME (Type)	Thomas A	. Ch	<u>ristensin</u> k	M.D.						
22a. SURIAL, CREMAT	(y) 6/19/1958		22c. NAME OF CEM George Wa	shing	rematory ton Cemete	ery Hya	ttsville	or county) N	aryl	isio'a
23. FUNERAL DIRECTO	1-1-11-11						Tan A			
F. Gasch		++ ===	ADDRESS	land		I. REC'D BY REGIS	TRAR 246 REGI	STRAK'S NGN	NATURE	
r. uascn	o Dolla nya	COST	ille, Mary	Talice	ULA	¥ 2 3 '58	Up.,-2	duck		

MARYLAND STATE DEVAMAGE OF HEALTH-BALLIMORE, IS

. Watch ! Book Wishest . Harry and ! Hotel .

rest of a first partie of the court of the c

0

				- 3
roge 4		director,	insit permit. Then please remave carban papers. Pages 1 and 2 show be filed with	
degin.	2	FOI	be f	
orrer		the	shot	
POULS		in by	and 2	
uin 24		y filled	ages 1	
Cured W		ampletel	apers. F	
De exe		on and a	arban p	
erminant		physicic	emave c	
death c		Hending	please r	
ar ree		the a	Then	
requires that the death certificate be executed within 24 hours after death. Fage 4	ion.	en signed by the attending physician and campletely filled in by the	nsit permit.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Item 11, See: Birth Cert. et

07138

	7137		CERTIFIC	AIE OF DEAII		Reg. Dist. No.	
PLACE OF DEATH O. COUNTY Prince	Georges		MARYLAND	2. USUAL RESIDENCE (WE o. STATE Maryland	here deceased lived. If in b. COL		re admission)
RURAL and give ne		ts, write	c. LENGTH OF STAY IN 16		outside carparate limits, w	rite RURAL and give nea	rest-taxo)
	verly Md		1 Monthe/	X Hall	, Md.		
OR INSTITUTION	AL (If not in hospital, g			d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES TO D
. NAME OF	Fir		Middle	Lost	4. DATE	Month Da	Yeor
DECEASED (Type or print)	Roger		Too		OF DEATH _		
S. SEX		7. MADD	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1 YEAR	19 58 TF UNDER 24 HRS.
Male	White	WIDOWE		May 9. 1958	fast birthd	loy) Months Days	Hours Min.
0a. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY
during most of work	ing life, even if retired)			Maryland	U.S.A	
3, FATHER'S NAME				14. MOTHER'S MAIDEN	A CONTRACTOR OF THE PARTY OF TH	UnDak	•
Merritt	t Galford		THE PERSON	Agnes Car	rpenter	Hall, Md.	
S. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT		Address	
Yes, no, or unknown)	lif yes, give war or dates of s	ervice		Mathan U	all Md.		
In Cause of Drai	THE FE . I	- 1	((1) (1) (1)	Mother H	all Mu.	1	
	TH WAS CAUSED BY:	use per iir	ne for (a), (b), and (c).]	, /		ONS	RVAL BETWEEN ET AND DEATH
TAKI I. DEAI	IMMEDIATE CAUSE (o)/	unile	un me	murch	40	
75/X	DUE TO	1	1	dom.			
Candilians, if an	ny, which)	,	Muchin	(15 cela			
gave rise to in	nmediate (/	10000			
lying cause last.	ine under-		C				
) (c						
340	2	DITIONS	ONTRIBUTING TO DEATH BO	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITION	1 GIVEN IN PART 1(a)	PERFORMED?
20a. ACCIDENT WAS	S UNDERLYING TI	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II of item 18)	TES CHI NO CH
OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)		THE HOLL WOOM OCCORN	ED. (Ellier Morore di Mijory M	TOTAL TOTAL TOTAL		
20c. TIME OF INJURY Hour o. m. p. m.	Y Manth, Day, Yea	White of warf	_ Not while _ f	PLACE OF INJURY Hame, farm octory, street, affice bldg., etc		(County)	(State)
21. I certify the	at I attended the	decease	ed from May 9		ine 11 10	58 that I last so	w the decease
-	me ll	10					
unve un	4	, 17	.29,-, and mai dear	h occurred at 7:30	ADDRESS (Street, city or t		
ACTUAL SIGNATURE	offer 5	Then	Selderen	M.D. 700/(burely	and Che	DATE SIGNED
PHYSICIAN'S		1			1		June 13
NAME (Type)	Bertha Van		eron, M.D.	_ 3001_Cheve	rley Ave. Ch	evenly lid.	الرسد ۱۲۶۰ الله ۱۷
2a. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREO	F	22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, to	wn, or county)	(Stole)
cremation	6/12/5	8 /	Prince Georg	e's General H	osnital Cha	verly. Md.	
B FUNERAL DIRECTOR'S		-/	ADDRESS	24 255	D BY DECISION OF	DECICTOADY CICALATRIC	e //

Harry W. Penn, Jr. Administrator. DATE

VS A1S (4) 1SM 10/57

The state of the s AND THE RESERVE OF THE PARTY OF

M

00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7196EDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

07139

1. PLACE OF DEATH o. COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY Dania Do Coopera
b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
and give nearest town)	X Upper Marlboro
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
Largo Road	Largo Road YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) Martin Elbert	Gardner DEATH June 17, 1958.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	
Male White WIDOWED DIVORCED F	eb. 19, 1900 58 yrs. Months Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	RY 11. BIRTHPLACE (State ar fareign country) 12. CITIZEN OF WHAT COUNTRY
Store Proprietor Stock Live	Maryland U. S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Ernest Gardner	Cora Needle
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN	NFORMANT Address Upper Marlboro
Yes, no, or unknown Iff yes, give wor or dates of service No Ma	rtin E. Gardner, Jr Maryland.
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	A INTERVAL BETWEEN
PART I. DEATH WAS CAUSED 8Y:	LAS Q Q Shore ONSET AND DEATH
976 X DUE TO	a de la composition della comp
Conditions, if ony, which) the	hat hered of Alana
gove rise to immediate cause	con would y room
(a), stoting the underlying DUE TO	
	IOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED? YES NO I
	nter nature of injury in Sort I or Port II of item 18.)
200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	ato slot him
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAN	CE OF INJURY (Home, farm, 20f. (Cky) or tawn) (County) (State)
20c, TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED 20e, PLAI Tock of work at work at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described aba	ve, held an Autopsy , Inspection , Inquiry , and find tha
	cide , Homicide , Undetermined cause .
death respired from: National Causes [], Accident [], 301	, Homicide [], Onderermined coose [].
ACTUAL ()	CHIEF MEDICAL EXAMINER T
SIGNATURE CANADA MA	ASSISTANT MEDICAL EXAMINER 6/17/58
EXAMINER'S TOWN TO	DEATTA WEDICAL EXAMINES (
NAME (Typle) / James I. Boyd. M.D. 220. BURIAL, CREMATION, 1226. DATE THEREOF 122C. NAME OF CEMETERY OR	
REMOVAL (Specify)	
Burial 6/20/58 Trinity Cem 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.	etery Upper Marlboro, Md.
Ritchie Bros Funeral Home- Menyl er	laribono,
Marylar	1d. DATE JUN 2 0 '58
	- II - LOULLY

forwarded to the TO FUNERAL DIRECTOR VS. A15ME(5) 5M 9/55

or remayal.

		tours at the same	
	production goods and	PARTAGE TO ELLER OF	
,	and the second		
	1963 THOUSE THE STATE OF THE ST	11 El 13 60 65 10 70 65 10 70 65 10 70 65 10 70 65 10 70 65 10 70 65 10 70 65 10 70 65 10 70 70 70 70 70 70 70	nobile of all
e e h			
			THE RESERVE THE PARTY OF THE PA
			of the
			of the

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07140

			7138
PLACE	OF	DEATH	

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Prince Georges					
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly Md	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 33 4203 53rd ave					
7	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince Georges General Hospital	/ d. STREET ADDRESS Bladensburg, Md. e. IS RESIDENCE ON A FARM? YES \(\text{NO } \text{NO } \text{NO } \text{STREET} \)					
	3. NAME OF DECEASED (Type or print) William E. Ge	asson 4. DATE Month June 29, 1958-					
	male white	B. DATE OF BIRTH July 20, 1883 9. AGE (In years of the proper of the p					
	10a. USUAL OCCUPATION (Give kind of work done on the lob. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Retired Washington Gas Company	TRY 11. BIRTHPLACE (Stote or foreign country) Washington D. C. 12. CITIZEN OF WHAT COUNTRY? U.S. A.					
	13. FATHER'S NAME Henry J. Gasson	14. MOTHER'S MAIDEN NAME Mary E. Swann					
)	(Yes, no. or unknown) . (If was now way or dates of service)	Address Lliam C. De Neane Silver Springs, Md.					
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	There disins for the Terminal Disease Condition Given in Part 1(0) 19. Was autopsy Performed? YES NO PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PR					
	OR CONTRIBUTING LI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED for Mour o. m. White Not white	O. (Enter nature of injury in Part I or Part II of item 18.) ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) tory,_steet, office bldg., etc.)					
21. I certify that I attended the deceased from Dane 19, 1946, to Dune 27, 1958, that I last alive an June 27, 1958, and that death occurred at 7 550 M, from the causes and on the deceased from Owalkins M.D. 630 4 annafolists. PHYSICIAN'S NAME (Typo) DAYTON O WATKINS Bladenshury 2006.							
	220. BURIAL CREMATION. 22b. DATE THEREOF Bremoval (Specify) July 2, 1958 Fort Linco.	CREMATORY 22d. LOCATION (City, town, or county) (Stole) 1n Cemetery Colmar Manor, Md.					
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F. Gasch's Sons Hyattsville Md.	DATE JUL 2 '58 CHI LEGULA					

requires that the death certificate be executed within 24 hours after death. Page 4 the attending physician and campletely filled in by the Then please remove carbon papers. Pages 1 and 2 show event within 72 hours after death. TO FUNERAL DIRECT.
After this certificate has been signed by page 3 shauld be deroched for use as the burial-transit permit, the registrar prior to burial, cremation, or removal, and in any e TO HOSPITAL OR ATTENDING PHYSICIAN: The low

VS A15 (4) 15M 10/57

MARKAND STATISTICATION OF SEATING SEATING OF Bladeninger, no. Seam of the season of the seas The state of the s The Mark Water Day 12 A STATE OF THE PERSON OF THE P THE PRODUCT OF THE PARTY OF THE The property and the grant of the property of the control of the c The of the office of the state of the state

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
7139 CERTIFICATE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write c. LINGTH OF STAY IN 1b / c. CITY OR TOWN (If outside corporate limits)	rrife URAL and give nearest town)
4. NAME OF HOSPITAVIT now to hospital, give street (odress) dystreet Aboutess OR INSTITUTION Will Grow the Hospital of the Hotel OF ID Hotel	e. 15 RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED. (Type or print) Gladys E, Gervals DEATH View	
	yrs.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OP) BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) The property of working life even if paired) Level is paired to the country of working life even if paired to the country of the country of working life even in the	2 12. CITIZEN OF WHAT COUNTRY?
Tolky Stary	Hoffmun_
15. WAS DECEASED EVER IN U. S. ARMED FORCES? To SOCIAL SECURITY NO. 17. MORMANT (Tes. no. or unknown) (If yes. give wor or doles of service) Conscience & Bab	address devote
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (b) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to immediate (b) Hypertensive Arterio-sclerofic Hisa	ase
couse (o), stoting the under- lying cause lost.	
Pari II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION	N GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 10 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	В.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. p. m. 19 While Not while at work of work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the deceosed from Oct. 10, 1949, to June 8, 19 olive on ULINE, D., 1950, and that death occurred at 1500 from the cause	58, that I last saw the deceased ses and on the dote stated above.
ACTUAL O C danger 33 9 D	town, state) DAYE SIGNED
PHYSICIAN'S C. C. Hageage M. H. 3308 Perry St. Mt. R.	airier Md-
REMOVAL (Specify) 6/12/55 Styreph Cemetery Or Crematory 22d tocation (City, to	Own, or county) (Stote)
VS A15 (4) 15M 10/57 Talley Tunual Home 3200 ch 3 are DATE DATE 240. REC'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE

SE JEO MITLANS HEMSELVE THE MEMBERS OF STRAIN ON A STANK
HT AND THE SECURE OF THE SECUR
There there there was the said

VS A1S (4) 1SM 10/S7

/		1
1	5.0	
	155	
1	452	
- 1		- 1

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

7116

L	177.7			Re	eg. Dist. No.
1	Prince George's	MARYLAND	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: In the country of the country	Residence before odmission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Hyattsville Maryland	STAY IN 16	c. CITY OR TOWN (If or Cumberland	utside carparate limits, write RURA	L and give nearest town)
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Carroll Manor Rest Home		d. STREET ADDRESS 507 Washin	ngton St.,	e. IS RESIDENCE ON A FARMA YES NO
100	NAME OF First M DECEASED (Type or print) Mary Elizabet	iddle h	Lost Gliek	4. DATE Month OF DEATH June	Doy Year 11. 1958
1	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER №		B. DATE OF BIRTH July 23, 189	- Inst highland Is	UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
1	Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife own home	SS OR INDUS		or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
	Daniel F. McMullen		Anna McNa	mee	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURIT (15 yes, give wor or dates of service) None		nformant s. John H. G1:	Address ick 308 Washingt	ton St., Cumb. Md
	Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying couse lost.	2 au	terriscler	osis	2 yrs
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
- 1		RY OCCURRED	D. (Enter noture of injury in Po	art I or Part II of item 18.)	
	Zoc. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19 20d. INJURY OCCURREI While Not while of work of work	fac	ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that I attended the deceased fram. alive an	that death			an the date stated above. DATE SIGNED
	PHYSICIAN'S WILLIAM T. SACEP			oun. ave ?	Wash 6 DC
2	20. BURIAL, CREMATION, REMOVAL (Specify) 6/14/58 22c. NAME OF S. S.		& Paul's	22d. LOCATION (City. lown, or co Cumberland, M	,,
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charle S L. George Cumberland,	Maryla	nd 24a. REC'D	BY REGISTRAR 246 REGISTRA	R'S SIGNATURE

	MARO TO ST	ADER Y IRCA	
	nour gard		afarroll and
, ,			on a regulated from
			and a state of the second
	THE STREET	phys. is	
	semilar pine		Green 14 Telano
	the do to the make the		
	net with 53/24 to be a		A series of the time to the series of the se
A Company of the State of the S		de la	And sprom . In Early

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7140

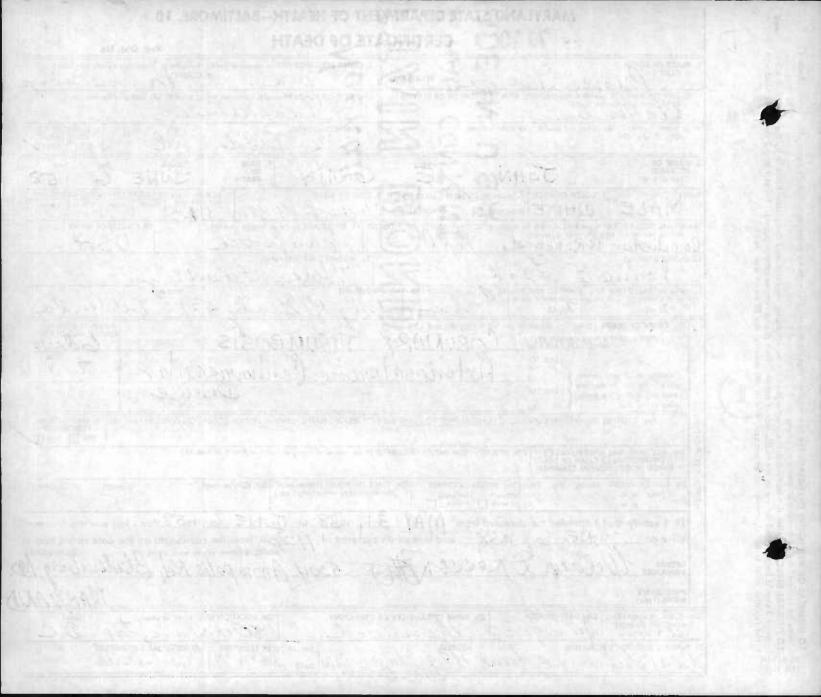
CERTIFICATE OF DEATH

07143

_		Keg. Dist. 14	0.
	COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution) Residence before STATE b. COUNTY	fore admission) a Garage
	o. CITY OR TOWN (If outside corporale limits, write of c. LENGTH OF STAY, IN 1b RURAL and give nearest town)	c. CITY OR, TOWN (If oulside corporate limits, write RURAL and give no	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 d. STREET ADDRESS 5212 Tilden Rd.	e. IS RESIDENCE ON A FARM? YES NO W
	NAME OF DECEASED TOTAL Middle E.	GRADY 4. DATE Month JUNE	Coy Year
5.	MALE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 19 1887 9. AGE (In years lift UNDER 1 YEA Months Days	Hours Min.
^	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN Change Oce 0	OF WHAT COUNTRY?
13.	FATHER'S NAME & Grady	14. MOTHER'S MAIDEN NAME Helen Laudren	
	MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. In of or unknown) (If yes, give war or dates of service) World (Constitution)	my K Grady 5212 Tele	den Rd
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which) (b)	THROMBOSIS IST	TERVAL BETWEEN NSET AND DEATH COMPS
	gove rise to immediate couse (a), stating the <u>under-lying cause last.</u> (b) DUE TO (c)	Disease	
CERTIFICATION		T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 OC While Not while of work 10 the work 10 the month of the	LACE OF INJURY (Home, form, clary, street, office bldg., etc.) (City or town) (County	y) (Stote)
	21. I certify that I attended the deceased fram MAY alive an SUNE 6, 1958, and that death	13. Ly, 1958, to JUNE 6, 1958, that I last a coursed at 1156M, from the causes and on the d	
	ACTUAL William DROSSON ATT	Mb. 5304 Annapolis Rd, Blad	DATE SIGNES
	PHYSICIAN'S NAME (Type)		MARKA
220	BURIAL CREMATION, 226) DATE THEREOF 22c. NAME OF CEMETERY CO	DR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE Deal Ferreral Home 4812 Ha	and har DATE JUN 1 1 '58 246 REGISTRAR'S SIGNAT	URP

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 the registrar prior to burial, cremation, ar removal, poge 3 should be d TO FUNERAL DIRECT VS A15 (4) 15M 10/57

After this certificate has been signed by the attending physicion and completely filled in by the After this certificate has been signed by the attending physicion and completely filled in by the Sched for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 she murial cremation, ar removal, and in only event within 72 haurs after death.



		-					
	F	0	R	ST	A	E	
H	E	A	LT	H	DE	PT	*
	-						

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be formed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the Files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baan. Health, are its designated agent, prior to burial, cremotian, or removal, and in any event within 72 hours ofter death.

VS. A15ME 5M 2/57

	Item 18 Film 230 AARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	71 SMEDICAL EXAMINER'S CERTIFICATE OF DEATH
	1. PLACE OF DETCH 2. USUAL RESIDENCE (Where desposed lived, If institution Residence before admission)
1	Truce Glorger MARYLAND STATE Maryland County Thing Parise
1	b, CITY OR TOWN [If ourse corporate limits, write RURAL and give nearest town] C. CITY OR TOWN (If ourse) corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If ourse) corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give reet address) 1. 2.1.6.1.3.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1
í	3. NAME OF DECEMBER 21 9 Sealing Height S NO D
	(Typo or print) former day yregory DEATH June 16 1956
0	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER ARRIED 18. DATE OF BIRTH WILL 28, 1944 9. AGE (11/1907) Whom I bushov) Whom I bushov) Whom I bushov) We have Months Days Hours Min.
)	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIR HPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY?
	-S. FATHER'S MANE 14. MOTHER'S MAIDEN NAME
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? AS SOCIAL SECURITY NO. 117, INFORMANT IN AND AND AND AND AND AND AND AND AND AN
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Ind SOCIAL SECURITY NO. 17. INFORMANT - Address [19 yes, no. of unknown] [19 yes, give wor or doles of service] [19 yes, give wor or doles of service] [10]
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
/	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Suffocation
	Conditions, if ony, which) (b) Being trapped in a cedar chest
	gove rise to immediate cause (a), staling the underlying DUE TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO LACUSE WAS CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTRIBUTING CONTRIBUTING CONTRIBUTIONS CONTR
-	200. EXTERNAL CAUSE WAS PRIMARY: Dor CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH. 200. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY/OCCURRED 20e. PLACE OF INJURY (Home, form, 20t. (City or town) (County) (State) While Not while Not while lackory, street, office bldg., etc.) P. m. 6 16 1950 of work of w
-	
	21/1 certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . and in my opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
	ACTUAL SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER
	EXAMINER'S RMES I ROLL DEPUTY MEDICAL EXAMINER DE 10, 1958
	220. BURIAL CHMATION, 226. DATE THEREOF / 22c. NAME OF CONTERV OR CREMATORY 22d. LOCATION (Chy. lown, or squnly) (Stole)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
1	W. W. Chambers lo 5/7//2/18 DATE JUN 1 9 '58 1 000 1 -1
	20 to the couch

LIANDON BY ADMINIST & CERTIFICATE OF DEATH

ATTACK THE DESIGNATION OF THE PERSON OF THE

THE PROPERTY OF STREET AND ASSESSMENT OF STREE
ent dispersion of the control of the

M

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farm, at 10 the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for 17 files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Back. Health, or its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

V5. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7141 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		1	
Dog	Dies	No.	
Keg.	DIST.	No.	

- 1		The state of the s	
		1. PLACE OF DEATH O. COUNTY Prince Question of County Prince Question	ore admission)
	b.	b. CITY OR TOWN (If outside corporate limits. The RURAL ond give no color of the corporate limits, write RURAL and give no color of the corporate limits. The RURAL and give no color of the corporate limits, write RURAL and give no color of the corporate limits. The RURAL and give no color of the corporate limits, write RURAL and give no color of the corporate limits. The RURAL and give no color of the corporate limits, write RURAL and give no color of the corporate limits.	ear (lawn)
	(7	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ANDRESS	e. IS RESIDENCE ON A FARM? YES NO
	D	3. NAME OF DECEASED First Middle Lost A. DATE Month Day OF DEATH 2	Year &
	-	5. SEX SCOLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (to Just lost brillion) Months Days	
1	10o.	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT COUNTRY?
	13.	13. FATHER'S NAME 14. MOTHER'S MAIDEN WAME	5-6
		15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) 200-16-57-55	2#2
		18. CAUSE OF DEATH [Enter only one cause per line foy (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Candilians, if ony, which gave rise to immediate cause (a), stating the underlying cause last. (c)	IVAL BETWEEN F AND DEATH
2	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	P. WAS AUTOPSY PERFORMED? YES NO
	3		
	MEDICAL	20c. TIME OF INJURY Month, Day, Year North, Day, Year Nor	(Stote)
		21. I certify that I taok charge of the remains described above, held an Autopsy . Inspection . Inspection opinion death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner	
2		ACTUAL SIGNATURE EXAMINER'S ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP	0,1957
	220.	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETRY OR CREMATORY 22d. LOCATION (City, 6wn, or county) Burial 6.23.58 Mt. Carmel Cemetery Upper MARIboro, Mary	(State)
	23. [23. FUNERAL DIRECTOR'S SIGNATURE 1820 9th St., N.W. 240. REC'D BY REGISTRAR 246-REGISTRAR'S SIGNATURE	
1		Robert, G. McGuire Washington, D.C. DAYE HUN 25 58	

Transfer of the second

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Booth. Health, or temoral, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

FOR STATE HEALTH DEPT

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7142MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07147

Reg. Dist. No.

		LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY COUNTY
	0	MARYLAND O. STATE Manyland b. COUNTY 121. Sea
	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
		ond give neggy fawn) (A) - D. A. X 1/12 to
	d	NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) Id. STREET ADDRESS e. IS RESIDENCE
		ON A FARM?
		Junice georges gen. Hosp Jefense Highway 188 NO 1
1		NAME OF ALCEASED AND AND AND AND AND AND AND AND AND AN
	1	Type or print) Dalvin Wayne Hebron DEATH June - 10- 1958
	5. 5	and brighten
	11	ale Cof WIDOWED DIVORCED 3-22-58 yrs. Magnis Doys Hours Min.
н	100.	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Side or foreign country) 12. CITIZEN OF WHAT COUNTRY
	d	uring most of working life, even if retired)
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		D-0 - 1/1/1-0
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
		no. at unitnawn) (If yes, give war or dates of service)
		Thema Chase; perme adohess.
		18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Denchessium one
		491 X DUE TO
V		Conditions, if ony, which) (b)
	н	gove rise to immediate couse
		(c), stoting the underlying but to
	z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
)	5	PERFORMED?
	5	YES NO
	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form. 20f. (City or town) (County) (State) Hour o.m. (County)
	MEC	p. m. 19 at work ot work
		21. I certify that I took charge of the remains described above, held on Autopsy A Inspection Inquiry
		opinion deoth resulted from: Natural couses X, Accident , Suicide , Homicide , Undetermined manner
		A to the state of
a		ACTUAL CHIEF MEDICAL EXAMINER [7] DATE SIGNED
		M.D. CHIEF MEDICAL EXAMINER []
-		EXAMINER'S / T. 1 - 1958
		NAME (Type) OJOHN J. MALONEY 111. D DEPUTY MEDICAL EXAMINER &
	220	QURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
		6-20-38 aringian asinglas la
	23.	UNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE
	Y	essey f. Washington 467 N st. 11.W. DATE JUN 1 3 '58 Blockeduch

07148

				4	人工	U	CERT	ITICA	IL OF	PLAII				Reg. Di	st. No.		
) 1.	o. CO		learn				MAR	rLAND	2. USUAL RES	opence (where where the control of t	ere decease		institutio OUNTY	-	ce before		
	b. CIT	OR TOWN AL and give	(If outside nearest tow	corporate li	mits, writ	c. LENG	TH OF STAY	IN 1b		TOWN (If o	ulside corpo	orote limits.	, write RU				
3	d. NA	AE OF HOSP	ITAL (If no						A Lau		.10					IS RESI ON A YES	FARM?
3.	NAME	OF	er G		First	hrvar	Middle			nst DUX	4. DATE		Manti	h	Day		eor
	DECEA (Type	SED or print)		Alber	rt.a	mo	ce	Herh	erson		OF DEATH		_	ne 22			958
\$.	SEX		6. COL	OR OR RAC			EVER MARR		DATE OF BIR	тн		9. AGE (n years	IF UNDER	1 YEAR		
	Fe	male	1	White	WIDO	OWED 🗌	DIVORCE	0 0	Feb.	20. 19	910	48	rthday) yrs.	Months	Days	Hours	Min.
10	o. USU		ION (Give	kind of wor	k done li	Ob. KIND OF	BUSINESS	OR INDUST	RY 11. BIRTH			ountry)		12. CI	IZEN OF	WHAT	COUNTRY
	00111	-	ewif		,	1	ame		Ma	rvland					0.	5/	7
13	. FATHE	R'S NAME		EX TO	- 11	304	THE N		14. MOTHER	'S MAIDEN N	IAME			-			
1	. (ornel	ius M	artin	Frye				Ide	ella R	eed						
		DECEASED EV		war or dates		16. SOCIAL S	SECURITY NO		ORMANT				Addre	253			
		0							Hospit	al Rec	ords						
	1B. •				. 4	r line far (o)	(b), and (c)	1, 1	-	× .					INTER	VAL BET	WEEN DEATH
		PAKI I. DE	IMMEDI	CAUSED BY	(0)	mo	Has	ran	e (arc	·wi	Du	9				
	1	15.0		DUE	ТО		An.				1	1 Cus	, ,		1	4	. 6
		e rise to		10	(b)		Coll	cu	Me	<u>C</u>	01	1602	ug		6	n	own
	cou	e (o), stating	the unde	- P DITE									1				
z	-	PART II. O		IFICANT CO	(c)	IS CONTRIBI	ITING TO DE	ATH BUT N	OT RELATED 1	O THE TERMI	NAI DISEAS	E CONDIT	ION GIVE	N IN PAR	T 1(a) 19	WAS A	UTOPSY
CATION																PERFO	NO NO
TIFIC	20a.	ACCIDENT V	AS UNDE	RLYING	20b. E	DESCRIBE HO	W INJURY C	OCCURRED.	(Enter noture	of injury in I	Port I or Por	t II of item	18.)				110
CERTIFI	OR C	ONTRIBUTIN	G CAUS	SE OF DEAT LEXAMINER	H												
MEDICAL	20c. 1	IME OF INJU		h, Doy,	Wh		CCURRED while	20e. PLAC	E OF INJURY ory, street, off	(Home, form	, 20f. (City	y or town)		(4	County)		(Stote)
~		certify		Annalad Al			X	2/19	105	V	Lauri	12	10.17	Ab = 4 1	lask say		
		e on	>2L	2	2 10	J.F		death	accurred a		_M, frai						
	10111	7	7	1	1	61	, end ma	dediii	accorred a		ADDRESS (S				ne dure		TE SIGNE
	ACTU	AL ATURE	- 1.	/ my	13	166	leur	/ M	0 15	0 a	last	un	Kon		Kli	-1	7
		ICIAN'S			0	0	06		<i>^-</i>	\		1			-7-5-	-01-	2
L		E (Type)	020	111		15.	(0 pt	wil	111	<i></i>							
2		AL, CREMATI		DATE THER	EOF	22c. N	AME OF CEN	ETERY OR	CREMATORY	/	22d. LOCA	TION (City	, town o	r county)		(Stote)
6	Du	real	- Xc	me 2	5 195	5 X 1	my 1	fell	Clan	item	La	un	el,	14	Lan	41	and
23	. FINE	RAL DIRECTO	RISISIONA	TURE	11	49	RESS	1	7. 1		BY REGIS	- 1	B. REGIS	TRAR'S SI	SNATURE	1	
1	Ve 1	Vill	11.	andl	de	indo	Ruse	X 1	RA	DATEUN	26 '5		40.17	- zou	000		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death; Page 4

		NI SPECIE		

and the same of th	
	roll control at roll.
	Silventali and a
Hospitent maces in	The second secon
	The transfer of the state of th
	OF AND COLORS OF THE PARTY OF T
Paris and the control of the control	The second and Expenses the other states to the second and the sec
	AND TO SHOW SHOW

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7199 **CERTIFICATE OF DEATH**

Don Diet Ne

	weg. Dist. 140.
o. COUNTY AMERICAN MARY	(LAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY.
b. CITY OR TOWN (If outside corporate limits, with RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OF DY Central And	d. STREET ADDRESS 16. 10 9. Central Are e. IS RESIDENCE ON A FARM? YES \(\) NO (1)
NAME OF DECEASED (Type or print) LILLIE MAL	- HERN 4. DATE Month Day Year DEATH June 15 19 57
FEMALE WHITE WIDOWED DIVORCE	1 I I I I I I I I I I I I I I I I I I I
On USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS Of dyring most of working life Jevan if retired)	e Wash De USA.
origh W. Lunell	14. MOTHER'S MAIDEN NAME Nobey
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO (It yes, give wor or dates of service)	17. INFORMANT Address Address 47-68th Aug Lean
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c). PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cause (o), stoling the under-lying couse lost.	andial Infarction ONSET AND DEATH any Throphosis
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED2 YES NO
200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY O OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19 While Not while ot work 10	20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State factory, street, office bldg., etc.)
21. I certify that I attended the deceased from Manalive on June 14, 19 J., and that ACTUAL SIGNATURE William Brann	death occurred at 1 2 M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) M.D. 4124 Curling American
PHYSICIAN'S WM BRAININ	Capital Hyla my
REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMI	ETERY OF CREMATORY 22d. LOCATION (Gity, town, Sycounty) (Stote)
FUNERAL DIRECTOR'S SIGNAPORE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

tral director, be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECT
After this certificate has been signed by the ottending physician and completely filled in by the page 3 shauld be a Liched for use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shall the registror prior to burial, cremation, or remaval, and in any event within 72 hours offer death.

M

NEWS HA			CI.	
				Mar Som
		010 03		
		- 100	The same	
	AND ANY DESIGNATION OF THE PARTY OF THE PART	A COLUMN		161
	The second of the			STATE OF
and the second of the second	white a market of			
		av settinger		
	A DE LOS	14000 1400		
			1997	
				SECTION SECTION
			de la Calcada (par	SIGNAL.
				Leaf war
	MALE AND AND	2.50 p. K - 120 l.		
1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				
	COLUMN THE PROPERTY.			
Ewit Andrews with	Total Company			

FOR STATE HEALTH DEPT.

7200 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea.	Dist.	No.

-											-	
	COUNTY Prix	ice George	s	MARY	LAND	2. USUAL RESIDENCE (sed lived. If instit b. COUN	ution: Reside	nce bef	Ge O	rge 1
16	. CITY OR TOWN (IF or			c. LENGTH OF STAY	N 16	c. CITY OR TOWN (I	f outside corr	parate limits, write	RURAL ond	give n	earest for	wn}
	and give nearest town)			6 mont	ha	✓ Be rkshi						. 1
d	Berkshire	OR INSTITUTION (II	not in har	pitol, give street address		d. STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·			e. IS RI	ESIDENCE
					,	7410 Nya	el Pla	0.0			ON	A FARM?
2 1	7410 Nyaci			Middle			7					
-	DECEASED Type or print)	Clayton		John		Hollen	4. DATE OF DEATH	June	ih	4 Doy	LA 19 58 VEAR IF UNDER 24 HRS	
5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	B	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER	-		
м	ale	White	WIDOWE	D DIVORCED		February 7.	1915	43 yrs.	Months	Days	Hours	Min.
la.	USUAL OCCUPATION	(Give kind of work d	one 10b. I	CIND OF BUSINESS OR	NDUST	RY 11. BIRTHPLACE (Stote		100	12. CITI	ZEN OF	WHAT	COUNTRY
	uring most of working	life, even if refired)	Ve	nding machi	nes	Pennsylv	ania		U.	S.	A.	
	echanie FATHER'S NAME		- 10			14. MOTHER'S MAIDEN						
	Ellis Ho	llen				Unknown	177775					
5.	WAS DECEASED EVER		CES2 14	SOCIAL SECURITY NO.	17 H	FORMANT		Address				
	, no, or unknown)	f yes, give war or dales of s	ervice)	71-07-5036		rs Dorothy H	ollen.		41 -			
	no				171	ra por only in	OTTON		" -			
		[Enter only one cour				•				INTER ONSE	VAL BETWE	EN LTH
	PART I. DEATH WAS CAUSED BY: Coronary thrombosis											
	1420.1 DUE TO											
	Conditions, if ony, which) (b) Cardiovascular renal disease											
gave rise to immediate couse (a), sloting the underlying couse lost. (c)												
Z	PART II, OTHE	1-7-	ITIONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GI	VEN IN PAR	T 1(a) 15	. WAS	AUTOPSY
CERTIFICATION	PERFORMED? YES											
5	200. EXTERNAL CAUS	E WAS 200	DESCRIA	F HOW INJURY OCCUR	RED. (F	nter noture of injury in Pa	t I or Port II	of item 18 \		1.		140 []
i i	PRIMARY OF CONT	RIBUTING []						or trem to.j				
- 1		Month Day Yes		INTERNACE TOPEN TOP	la mici	CE OF INITION (II	2005 155		4.49			45.4
MEDICAE	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m. (County) (State)											
	p. m.	19	of we	ork ot work								
	21. I certify the	it I taok charge	of the	remains described	aba	ve, held an Autops	y , le	nspectian ⋤	, Inquir	y 🚾	an	d in my
ı	apinion death	esulted from: N	latural	causes Accid	lent [, Suicide ,	Homicide	, Undete	ermined r	nanne	rП	
			10									
	ACTUAL	20000	1/. 4	1 00	01	CHIEF MEDICAL E	XAMINER				DATE S	IGNED
	SIGNATURE		n A	1 000	ASSISTANT MEDICAL EXAMINER							
	EXAMINER'S NAME (Type)	James I	. Boy	rd		DEPUTY MEDICAL			Tune 5	, 19	758	
20	BURIAL CREMATION			22c. NAME OF CEMETE	1		22d. LOCA	TION (City, town,	or county)		(Stote	0)
	Burial	6-7-195	8	Cedar H	ill	Cemetery	Su	uitland	Mary	lan	d	
13.	FUNERAL DIRECTOR'S			ADDRESS			D BY REGIST	RAR 246. REG	STRAR'S SIC	NATUR	E	
	James T	. Ryan, de	ve. 3	17 SA. A.IC	1,	DATE	ann b	39 0	Une	oul	N	
-	/	V			-			A				

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate withing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be formed at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for filles.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 22 hours after death.

VS. A15ME 5M 2/57

MARKLAND STATE DESARTMENT OF HEALTH SALTEMONE IN TROUMEDICAL EXAMINERS CENTIFICATE OF DEATH

ודינוסט סטודיו,	Langue Town		Frince Colfue to
	Printers of		nut told
	- 7130 tyselt clace		0:10
	amit male make	delm delm	The Posts 1 - 1 - 1
	en over "Land		Sini of
	Terarylyania		Pinter
	Parlancers, 1		FILE ROLL OF THE
	an are fort of the rose		oft.
	polenia I	ent introduce pin	
50 ST-11	BANKS BANKS		
	we Diffe She	Denta la	
HISTORY OF THE PARTY OF THE PAR		Assert	A STATE CARD
ees, tee			.I carmi

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certification within the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwed, 3 to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for a filler. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death.

0

VS. ATSME 5M 2/57

M

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07151

Reg. Dist. No.

1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	o. COUNTY (Truel Georges MARYLAND) O. STATE meryland County Prince Come
1	C. CHY OR TOWN (If outside corporate limits, whe RURAL on give nearest two)
	Laden 40 year X Tolen
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
	Horse Head Road House Head Road VES NO TO
	NAME OF LOSA 4. DATE Month Doy Year
	OF DEATH CONTROL 1958
5.	SEX 6. COLOP OR RACE 7. MARRIED NEVER MARRIED S. DATE ON BIRTH 9. AGE () Jan IF UNDER 14 HRS.
77	wall white WIDOWED DIVORCED DI JUST 1888 69 yrs. Months Days Hours Min.
100	USUAL OCCUPATION (Give kind of work done 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country)
1	Tarmer Cron Form Marchand to 5-10
13.	FATHER'S NAME 14. MQTHER'S MAIDEN HAME
1	Terro Hyla Clinalette Cook
15.	WAS DECEASED EVEN IN U. S. ARMED FORCES? No. SOCIAL SECURITY NO. 17. INFORMANT A Address O 1.5 n
11.0	n. no, er enhaun) Vill yes, give war or dates of services E Consolid
-	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
	PART I, DEATH WAS CAUSED BY:
	976 X DUE TO
	Conditions it any untits
	gove rise to immediate cause
	o), stating the underlying DUE TO
Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Cho	PERFORMED? YES NO (5)
	20g. EXTERNAL CAUSE WAS PRIMARY LOOF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.)
CERTIF	PRIMARY D'or CONTRIBUTING SI T A O O I T
13	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED The PLACE OF INJURY (Home, form, 120f. (City or lown) (County) (State)
WEDICAL	Dour o. m. Descot (193 8 While Not while factory, street, office bldg., etc.)
1	
	opinion deoth resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined monner
	ACTUAL DATE SIGNED
	SIGNATURE D. D. CHIEF MEDICAL EXAMINER
	EXAMINER'S A M & C T RESIDENT MEDICAL EXAMINER 16 18
220	NAME (Type) JAMES 1 DOVA DEPUTY MEDICAL EXAMINER 12 16, 1932
420	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City town, or county) (State)
22	Burial 6/18/58 St. Pahl's Cometery Baden, Maryland. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1240 REGISTRAR 1240
1 -	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1 tchie Bros. Upper Marlboro, Md.
-	DATEMEN 20'58 Cloreduch

Littensm Brow. Homespellerichten. Re.

VS A1S (4) 1SM 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7144

CERTIFICATE OF DEATH

	***	CERTIFICATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O. COUNTY PRINCE GEORGE	S MARYLAND O. STATMARY	de deceased lived. If institution, Residence before admission) b. COUNTY CINCE CEUYORS
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	- aleba X River	side corporate limits, write RURAL and give nearest town)
3	d. NAME OF HOSPITAL (If not in hospital, give street address OR INSTITUTION, 5361- Archivery are		eenway Ave . Is residence on a FARM? YES NO TO
	3. NAME OF DECEASED (Type or print) ANNIE	Middle LEE JOHNSON	A. DATE OF JUNE 7, 1968
	5. SEX Fernale 6. COLOR OR RACE 7. MARRIED WIDOWED WIDOWED TO	A	9. AGE (In years lost birthdoy) 9. AGE (In years lost birthdoy) 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
1	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	home Virgin	ia 2. S.a.
	13. FATHER'S NAME Pearson	14. MOTHER'S MAIDEN NA	Clarson
	15-MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIA	les John d. Mea	le Riverdat Md.
	1B. CAUSE OF DEATH [Enter only one couse per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which) (b)	1- 1-10116 1 114	rembesis interval between onset and death waskular Diserce?
	gove rise to immediate coese (a), stating the under-lying couse lost.		
0	PART II. OTHER SIGNIFICANT CONDITIONS CONTR	<u>IBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRED. (Enter nature of injury in Po	rt 1 or Port II of item 18.)
		OCCURRED Not while at work 20e. PLACE OF INJURY (Hame, farm, foctory, street, office bldg., etc.)	20f. (City or town) (County) (State)
	21. I certify that I attended the deceased fralive on SUNE 12.58. ACTUAL SIGNATURE WELLIAM PORTON	_, and that death occurred at_1045	.M, from the causes and on the date stated above DDRESS (Street, city or town, state) DATE SIGNED
	PHYSICIAN'S NAME (Type) WITH TAM D. ROSSON	BLADENBURG	SH, MD.
	Lucial 6-10-58	Edar Hill Comiting	2d. LOCATION (City, town, or county) (Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 517-11-11-12 & E. DATE	BY REGISTRAR 8 246. REGISTRAR'S SIGNATURE

MARYLAND MINE GEORGE PAINCE GEORGES Riverdalle SINGS SUR \$301 Cheenway Mit LEE JOHNSON HI JONE HYNE Hr 23 1878 77 Famule White Ocrebrazascelar Thrombasis Arterio colente Cardiono seviar Diserse ? JUNE 6 158 JULE 7 58 DET CHOMITE SECRETARIA DE TRANSPORTE CONTRA CONTRA PORTE CONTRA PORTE DE LA PROPERTICION CERTIFICATE O PRESENTED Marie Control A Control A Control

ال عن و	1202 CERTIFICATE OF DEATH	Reg. Dist. No.
a a a a a a a a a a a a a a a a a a a	1. PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution of STATE	
· · · · · · · · · · · · · · · · · · ·	Prince Georges! Maryland Maryland	Prince Georges
pe ad	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
	Upper Marlboro 13 yrs. X Upper Marlboro	
by the	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Rt. #4.	e. IS RESIDENCE ON A FARM? YES NO
i e e	3. NAME OF First Middle Lost 4. DATE Mon	oth Day Year
es l		une 30, 1958.
Pog	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
plets.	Female White WIDOWED Feb. 8, 1869 89 yrs	Months Days Hours Min.
appendig	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
ded ded	Housewife Own Home Albany, N. Y.	U. S. A.
orbo orbo	13. FATHER'S NAME	
Si S	Casper Pauly Mary Mueller	
the first	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Addition of unknown) 1 (If yes, give wor or doles of service)	
000	No John Lewis Kelly- Upper	Marlboro, Md.
end ithir	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),	INTERVAL BETWEEN
10 and 1	PART I. DEATH WAS CAUSED BY: Conjective Heart tailw	ONSET AND DEATH
The	450,0 DUE TO	
d by	(b) Corderios clerosis	1692
in Gue	gove rise to immediate Couse (a), stating the under-	/
ian. Insit and	lying couse lost. (c)	
ysic bee dl,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVE SIGNIFICANT CONDITIONS CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CAUSE OF CAU	YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
hos hos	I Heconday anema	YES NO
r o din	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port Low and II of item 18.)	
tific s th o, a		
se a a a a a a a a a a a a a a a a a a a	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(County) (State)
this this ar u		
frer al, al	21. I certify that I attended the deceased from Feb 2, 1958, to June 30, 1958	that I last saw the deceased
buring A	alive on 1994, 1954, and that death occurred at 5175 M, from the causes a	and on the date stated above.
5000	ADDRESS (Street, city or town,	
I be	SIGNATURE Stimus to turseer M.D. Upper Mark	sero, My 7
or p or p	PHYSICIAN'S James G. Sasscer, M. D. Upper Marlboro, Md.	()
S sh S sh		
S S S S S S S S S S S S S S S S S S S	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or REMOVAL (Specify)	
E 0 8 #	Burial 17/4/58 St. Agnes Catholic Cem: Albany, 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	N. Y.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b_REGISTRAR	STRAK 5 SIGNATURE

Upper Marlboro, Md.

DATE JUL 9

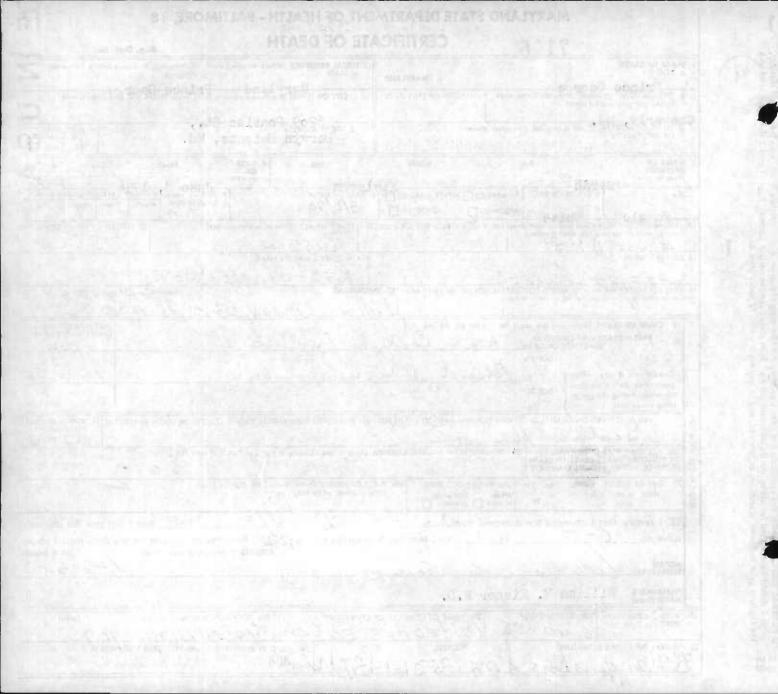
TO HOSPITAL OR VS A15 (4) 15M 10/57

Ritchie Bros.

fral director,

	Reg. Dis	it. No.						
1. PLACE OF DEATH O. COUNTY MARYLANE	2. USUAL RESIDENCE (Where deceased lived. If institution: Resident o. STATE b. COUNTY	ce before admission)						
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 18	c. CITY OR TOWN (if outside corporate limits, write RURAL and	rve nearest town)						
d. NAME OPTIOSPITAL (If not in hospital, give street address) OR INSTITUTION Prince George's General Hospital	d. STREET ADDRESS Pontiac St., Berwin Heights, Md.	e. IS RESIDENCE ON A FARM? YES NO						
3. NAME OF First Middle DECEASED (Type or print)	Lost 4. DATE Month OF DEATH	Day Year						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years 4 IF UNDER	YEAR IF UNDER 24 ARS. Days Hours Min.						
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY						
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME							
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 (If yes, give wor or dates of service)	INFORMANT Address + ATT Address + ATT Address + ATT ADDRESS - ARCAD	BANS-NY						
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ioc Failure	INTERVAL BETWEEN ONSET AND DEATH						
Conditions, if any, which gove rise to immediate couse (a), stoting the under-tying couse lost. DUE TO DUE TO DUE TO DUE TO	Estimosalyosis	10-12 Year						
/ (6)	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO M						
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY/OCCURRED. (Enter noture of injury in Port I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)								
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (C factory, street, office bldg., etc.)	ounty) (State)						
21. I certify that I attended the deceased fram 2 - 5, 1977, to 6,5 , that I last saw the deceased alive an 6 - 7, and that death accurred at 9;25AM, from the causes and an the date stated above.								
SIGNATURE Celebrace de Coescis	ACTUAL SIGNATURE CINCLE ACTUAL SIGNATURE COLOREST ACTUAL SIGNATURE COLORISM ACTUAL SIGNATURE COLOREST ACTUAL SIGNATURE COLORISM ACTUAL SIGNATURE COLOREST ACTUAL SIGNATURE COLORISM ACTUAL SIGNATURE COLORISM ACTUAL SIGNATURE COLORISM ACTUAL SIGNATURE COL							
PHYSICIAN'S William M. Eisner M.D.	PHYSICIAN'S William M Figner M D							
220 BURIAL CREMATION, 722b. DATE THEREOF 22c. NAME OF CEMETERY REMOVAL (Specify) 6-10-58 UNITED HE	OR CREMATORY 22d. LOCATION (City, town, or county) TBREW CEM. StateM/S/AND	N (State)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	240. REC'D BY REGISTRAR 245 REGISTRAR'S SIG	MATORE						

TO HOSPITAL OR ATTENDING PHYSICIAN. The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shot the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs affected the VS A15 (4) 15M 10/57



FOR STATE HEALTH DEPT

M

TO DEPUTY MEDICAL, EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in penal in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7147MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1	My	1	-	0
Ren	Dist	No	U	6	1	G	0

•		PLACE OF DEATH COUNTY COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
	b.	o. CITY OR TOWN (If outside corporate lifnity write RURAL) and give nearest foun) Character Control of Town (If outside corporate lifnity write RURAL) C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Obside corporate limits, write RUAL and give nearest town)
1	(MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS 6303-9mood Sheet VES NOVE
	(NAME OF DECEASED (Type or print) Margaret Die/2	King Losi 4. BATE Month Doy Year 1958
	5. 5	emale White WIDOWED & DIVORCED	DATE OF WITH 1 - 8 - 75 S
1	d	. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRI Juring most of working life, even if retired)	New york U.S.a.
/	M	Villiam W. Stoddard	hoebe ama Dick
	15. Yee,	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN Oct unknown) (If yes, give wee address of service)	tana Roussean; same address.
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse tast. DUE TO DUE TO DUE TO Couse tast.	ngestive heart farlier interval servern onset and death
3	CATION		OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	nter nature of injury in Part 1 or Part II of item 18.)
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC facto at wark of wark of wark	E OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, affice bldg., etc.)
		21. I certify that I took charge of the remains described above opinion death resulted from: Natural couses , Accident [
		EXAMINER'S JOHN T. MALONEY . M.)	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER 6-4-58
	220. Tr	REMOVAL (Specify) ton 6/5/58 REMOVAL (Specify) ton 6/5/58 Plushing	CREMATORY 22d. LOCATION (City, town, or county) (Stote) New York
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS I'. Gasch's Sons Hyattsville Maryl	and. DATE JUN 6 '58 245 REGISTRAR'S SIGNATURE

Same and the second director,

papers.

pou

physician amave car

DIRECT

FUNER

01

VS A15 (4)

15M 9/55

P

death.

M

0	rith.
Pag	direc
eath.	oe f
ter d	0 0
rs af	by th
4 hau	d in
in 2	fille
win	letely s. Po
cuted	comp
eexe	and o
ote b	cian
rlifico	physi
th ce	ding se re
dea	pled
at the	the d
es the	d by
equire	signe t per
aw re	rans
The L	has t
AN.	cate he bu
SICI,	certifi as t
PH pla	this or
DING	After sed for
HEN.	eract
R Al	RECT be d
AL C	AL DI
DSP17	NER 3 st
O HC	D FU
VS	TO FUNERAL DIRECT After this certificate has been signed by the attending physician and completely filled in by the first director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 show be filled with
15/	10/57

	71		CERTIFICA	ATE OF DEATH			Reg. Dis	07158
o. COUNTY	ince George		MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryla		ived. If institution b. COUNTY	2000	e before odmission)
	WN (If outside corporate lin	nils, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o		a limite write P	IIPAI and a	ive percent town)
RURAL and g	give neorest town)			× Palmer Pa		e iimiis, wille k	ORAL ONG 9	rive negress rown)
d NAME OF H	OSPITAL (If not in hospital,	give street	6 Hours	d. STREET ADDRESS	1 K			e. IS RESIDENCE
OR INSTITUT	TION B George Gene			7612 Romn	ey Cow	rt		ON A FARM
NAME OF DECEASED (Type or print)		by	Middle Boy	KNicely	4. DATE OF DEATH	Mon Jur		16 Yeor 5
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. DATE OF BIRTH	9.	AGE (In years lost birthday)	IF UNDER	1 YEAR IF UNDER 24 H
Male	White	WIDOWI		6-16-58		lost birthday) yrs.	Months	Days Hours Min
Da. USUAL OCCU	JPATION (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign cour		12. CITI	IZEN OF WHAT COUN
during most o	of working life, even if retire	d)	none	Marylan	d			S. A.
J. PAIREKS NAM	ne de la companya de	Unkn	LOWIN	14. MOTHER'S MAIDEN N	AME			
The same	The state of the s	norce l		Frances I	nicely			
Yes, no, or unknown)	(If yes, give wor or dates of		SOCIAL SECURITY NO. 17.	NFORMANT		Addi		6,
				MoTher			45	a 000 E
	F DEATH [Enter only one of I. DEATH WAS CAUSED BY:		ne for (o), (b), ond (c).]					ONSET AND DEATH
gove rise couse (o), ste lying couse	to immediate oling the under-	(c)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE (CONDITION GIV	'EN IN PART	1(o) 19. WAS AUTOPS
5								PERFORMED? YES NO
	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II	of item 18.)		
20c. TIME OF I	INJURY Month, Day, Yoo, m. 19	While		ACE OF INJURY (Home, form, ctory, street, office bldg., etc.		fown)	(C	ounty) (Sto
	y. m.	Joi wor	r 01 #01 k		i .		_	
	fy that I attended the		0 11	, 1958, 1a S	me 1	e 1950	that I le	ast saw the decea
			ed fram Speel (occurred at 10-00	DBM, fram			ast saw the deced
21. I certif			ed fram Speel (occurred at 10 00		the causes o		
21. I certificative an			ed fram Speel (the causes o	ind an th	e date stated ab
21. I certificative an			ed fram Speel (the causes o	ind an th	e date stated ab
21. I certif	that I attended the	deceas	ed fram gree (the causes o	ind an th	e date stated ab
21. I certificative an	John We	Perk	ins	M.D.5.301 HAN	ADDRESS (Street Lands)	the causes o	and an the yate) yate) yate) or county)	e date stated ab

The second of the second with the second of the second AND THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

While Nat while at work at wark

factory, street, office bldg., etc.)

21. I certify that I attended the deceased from Claid alive on

19

195 that I last saw the deceased M, from the causes and an the date stated above.

ACTUAL PHYSICIAN'S NAME (Type)

and that death occurred at 1

22b. DATE THEREOF 220. BURIAL CREMATION. REMOVAL (Specify

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, tawn, or county)

ADDRESS (Street, city or town, state)

(State)

DATE SIGNED

23. FUNERAL DIRECTOR'S SIGNATURE

Hour

p. m.

ADDRESS Hope Rd 1661-6000

24g. REC'D BY REGISTRAR DATE

24b. REGISTRAR'S SIGNATURE

TO FUNERAL

n

page

by DIRECT

TO HOSPITAL

prior Pe should

VS A15 (4) 15M 9/SS

with

filed v

99

filled

campletely

puo

physician

ending

by

è

corbon

mave

ofter

a. COUNTY

NAME OF

5 SEX

DECEASED

(Type or print)

Page

deoth.

haurs ofter

within

	min () and ()	12 12 12 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1
That Evidence		
		The security
		Torretti Danki
	7	
3/12/12		
		is appeared
		an payers that property
		COLUMN SECTION

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7204 **CERTIFICATE OF DEATH**

07160 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (V	Where decease	d lived. If institution b. COUNTY	on: Residence be	fore admiss	ion)
Prince Georges		D. (<i>j</i> •		~		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (II	f outside corpo	prote limits, write R	URAL ond give r	rearest town	1
Glenn Dale (mural)	& 30 days	Was	hingtor	3	47x	-	
d. NAME OF HOSPITAL (IF not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS				e. IS RES	PARM?
Glenn Dale Hospital		920	F. St.	. M. W.			NO 🗔
3. NAME OF First	Middle	Lost	4. DATE	Mon	th	Day '	Year
DECEASED (Type or print) Lewis	Moulton	Lawrence	OF DEATH				19 58
5. SEX 6. COLOR OR RACE 7. MARE		B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YEA		
		10/13/1896		lost birthday)	Months Doys		Min.
				61 yrs.	12. CITIZEN	OF WHAT	COUNTRY
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	vertising Dist	ribution .	e or roreign c	ounry	II. CITIZEN		COUNTRY
Mail Clerk 0	f Washington	À	AGM TOI	k		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Charles Lawrence		Minnie	Moult	on			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	NFORMANT		Adde	ess		
	267-01-4761 I	Decedent		-			
18. CAUSE OF DEATH [Enter anly one cause per lin	ne for (o), (b), and (c).]				lin	TERVAL BE	TWEEN
PART I, DEATH WAS CAUSED BY:	Lmonary tubercu	Josie			O	SET AND	
IMMEDIATE CAUSE (o) PUL	LINODALY CODETCO	0.1.02.12				yrs.	,& 1 m
Conditions, if any, which agave rise to immediate (b)							
couse (o), stoting the under-					300		
lying couse lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART I(a)	19. WAS	AUTOPSY RMED?
Pulmonary emphysema	and cor pulmons	ale					NO 🗆
PART II. OTHER SIGNIFICANT CONDITIONS C Pulmonary emphysema a 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	n Port I or Par	t II of item 18.)			
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, for	rm, 20f. (Cit	y or town)	(Count	y)	(State)
Hour o. ft. While of wor	Not while to	ctory, street, office bldg., e	tc.)				
		41	1/22	40			
21. I certify that I attended the deceas	10	, 19.56 , ta_		, 19 <u>58</u>			
alive an 10 12	20, and that death	accurred at 5:30				ate state	d abave.
I MARIARIA	1/	0.0		treet, city or town,		DA	TE SIGNED
SIGNATURE		M.D	enn Dal	e Hospita	1	6/1	1/58
PHYSICIAN'S							
NAME (Type) Moe Weiss, M.	D	Gle	enn Dal	e, Md.			
220. BURIAL, CREMATION, 226. DATE THEREOF	22c. NAME OF CEMETERY Q		22d. LOCA	TION (City, town, o	or county)	(State	2)
Burnal (Spacify) 6/13/58	arlington Natio	nd Cemetery	Froi	Meyer		Va	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REG	C'D BY REGIS	TRAR 245 REGIS	TKAR'S SIGNAT	URE	-
M.W. Chamber la. 14	400 Chapin St	N.W. DATE		58 (88	Lesue	^	
11.00.140.00	100/100	DAIE		- AA			

	HTARU 90 TE	CERTIFICA	1027
1000 A			
	•		
	unicas mare a se		
		The state of	
	27m (2 ma)	Carried Day	200 Maria 200 A
		e al comment moora	
			e e dina mesano de la
			post and September Carll Married 1. The
			The state of
		on and a second	
	MANUAL STATE	2	A T. T. Z. strages

CERTIFICATE OF DEATH

07161 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince	George's Co.		MARYLA		usual residence (W		b. COUNTY	Pr. Go		
b. CITY OR TOWN RURAL and give. ACCOKOO	(If outside corporate limit pearest town) K		ENGTH OF STAY IN	1 16 X	Accokeek,	autside corpo	rote limits, write RI	JRAL ond give r	nearest tow	n)
d. NAME OF HOSP OR INSTITUTION ACCOKE	ek , Mar	ive street oddro yland	ess)	1	d. STREET ADDRESS Accokeek,	Maryla	and		o. IS RES	SIDENCE FARM?
3. NAME OF DECEASED (Type or print)	FRIEDRICH	st	Middle G.	LI	NDNER	4. DATE OF DEATH	JUNE Mon	4th.	Day	Yeor 19 58
s. sex Male	6. COLOR OR RACE	7. MARRIED			ATE OF BIRTH b. 12- 1902	2	9. AGE (In years last birthdoy) 50 yrs.	Months Day		ER 24 HRS. Min.
during most of wer	TION (Give kind of work orking life, even if retired armer	dane 10b. KIND	OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Store			12. CITIZEN	OF WHA	TCOUNTRY
Johann	M. Lindner			14	Rosina		r			
15. WAS DECEASED EV	VER IN U. S. ARMED FOR	CES? 16. SOC	IAL SECURITY NO.	Mrs.	Emma R. L	indner	Accokeek		Wife)
	g the under-	Re	many	ale	Men Slei	71.	edean.	e le	NSET AND	DEATH
CATIO	THER SIGNIFICANT CON	elec	af 1st	en-	RELATED TO THE TERM	661	electing	EN IN PART I(o)	PERFO	AUTOPSY ORMED?
	10	or 20d. INJUR While of work	Not while	0e. PLACE foctory.	OF INJURY (Home, far street, office bldg., et	rm, 20f. (City	or town)	(Cauni	(y)	(State)
21. I certify alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	that I attended the	deceased 19 J	fram. M., and that d	leath occ	3/2-7		3 , 195 = n the causes a treet, city or town.		date stat	
220. BURIAL, CREMAT	June 6-5		Cedar Hil				TION (City, town, cland, Mar		(Sto	te)
23. PUNERAL DIRECTO	OR'S SIGNATURE BLOCKE	166	ADDRESS 1- Good H	lope R	d SE DATE	JUN 5	758 24b. REGIS	STRAR'S SIGNA	TURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after demany be retained by the hospital or attending physician.

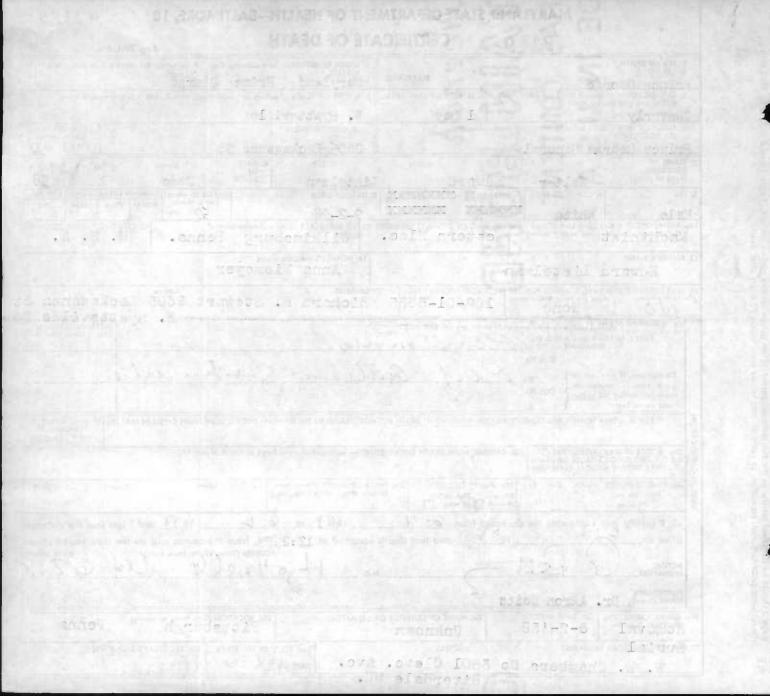
TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and completely filled in by the Crampage 3 shauld be refached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 single the registrar prior to burial, crematian, ar remanal, and in any event within 72 hours after death. VS A1S (4) 15M 9/5S

	DI ANDMILIA				
		HEAT DEATH			
100 ml cot 10		Maryland		and alegan	3 6 5 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Aspertage,	- Venra		ienso pale
and the same	bmaly	Accologic, let		e Legal ,	98.000
100	Take I	SELOC	.5	Holmais	
	(5)		granical Min	02720	Mela
AEI	2 - 1.6.4	. To Park Library	emeg.	1901	elcarri.
	rest	beid sainoll		. idminor	i muriot
(and)	en december, no	the Line R. Lines			
			grand 6 2	H5 or half office	A Control
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A LEVER
K2000			O first water	OC+2 entit	
		100 G SC.68	eroù book -1	,	E (-

50	8	70
	9	file .
ath	0	e e
0	1	8
ë	9	na
S	* *	2 5
200	0	9
4	0	0
0 2	E	8
T.	>	Pag
3	e	· ·
Jec	E	pe .
ec	0	Pod
6)	and	52
9	5	# P
CO	. S	0/2
1	hy	hoy
Cel	6	72
die	od:	as in
o	‡ e	D
the	0	and the
to	Y ==	eve =
5	P	Int.
oi.e	due	in o
9	S	nd at
3.	een	L'o
o o	d st	0 -+ 0
F	94	em e
Z.	Sat S	or r
3	T.F.	n, c
YSI	20.0	ofio
표 -	his o	5 8
0	e p	ē 5
0	Af	rial
WH I		500
AT	à 5	5 0
ex :	TO FUNERAL DIRECT After this certificate has been sig	page 3 shauld be defacted for use as the burial-transit permit. Then please remove <u>carb</u> an papers. Pages 1 and 2 shaund be filed we the registror prior to burial, cremotion, or remaval, and in any event within 72 hours after death.
1	0	של ה
111	N N	she
SSC	N N	9 9
H	F.	he
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page	may be retained by a nospirol or ottending physician. TO FUNERAL DIRECT After this certificate has been signed by the ottending physician and completely filled in by the first direct	the sta

VS A15 (4) 15M 10/57

		MAKIL	AND.	STATE DEPA	RTME	NT OF HEALT	TH-BAL	IIMORE, 18	3	071	62
		71	49	CERTII	FICA	TE OF DEAT	TH		Reg. Dist. N	0.	
	PLACE OF DEATH o. COUNTY			MARYL	- 11	2. USUAL RESIDENCE (VO. STATE	Where decease	b. COUNTY	: Residence be	fore admis	sion)
	b. CITY OR TOWN (If outside	corporate limit	ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (I			RAL and give n	earest tow	n)
(RURAL and give nearest tow Cheverly	n)		1 Day		W. Hyattsv		15			
-	d. NAME OF HOSPITAL (If not OR INSTITUTION	in hospital, g	ive street o			d. STREET ADDRESS		1		e. IS RES	SIDENCE
J	Primce George (eneral				2605 Lacka	wanna :	St			FARM?
3.	NAME OF DECEASED	Fir	st	Middle		Lost	4. DATE	Month		Ооу	Year
		lter	Ed	lward	L	intelman	OF DEATH	June		1	19 58
5.	SEX 6. COLO	OR OR RACE	7. MARR	ED M NAMES AND DES	8.	DATE OF BIRTH			F UNDER 1 YEA		
	Male Whi		MEON	The second second second		9-2-98		59 yrs.	Months Days	Hours	Min.
Oc	Marie Transfer Sides life, e	kind of work of even if retired)	done 10b. We	stern Ele	BC .	Wilkins	burg	Penna.	12. CITIZEN	ATT .	COUNTRY
3.	FATHER'S NAME Edward Li	mtelm	an			Anna N		er			
	PART I. DEATH WAS IMMEDIA Conditions, if ony, which gave rise to immediate cause (a), stoting the under lying cause lost.	CAUSED 8Y: ATE CAUSE (o) DUE TO (b) DUE TO (c)	F	ents Perf.	Dun TH BUT N	terror	Sac MINAL DISEAS	tue 1	ulea.	TERVAL BI	TWEEN DEATH
CERTIFICATION										PERFC	RMED?
CEKI	20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	E OF DEATH EXAMINER)	200. DESC	KIBE HOW INJURY OF	CURRED.	(Enter noture of injury i	n Port I or Por	f II of (fem 18.)			
MEDICAL	20c. TIME OF INJURY Manth Hour o. m. p. m.	Day, Yea	While	Not while	20e. PLAC facto	E OF INJURY (Hame, fo ry, street, office bldg., e	erm, 20f. (City	or town)	(Count)	′)	(State)
	21. I certify that I attached alive on	ended the	199		death o	, 19 8, to occurred of 12:2	5PM, france Adoptess (S		d on the d	ate state	
20	BURIAL, CREMATION, 22b.		F	22c. NAME OF CEMEN		CREMATORY	Pit	TION (City, town, or tsburgh	county)	Penh	
3.	Buradone TOR'S SIGNAT	URE		ADDRESS		24o. RE	C'D BY REGIST	RAR 24b. REGIST	RAR'S SIGNAT	URE	



FOR STATE HEALTH DEPT.

76

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in them. 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages—Land 2 with the State Boars—Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	7150				Reg, Dist, I	No.
1. PLACE OF DEATH	Prince George	es MARYLAND	O STATE	Where deceased lived. If in b. CO		
b. CITY OR TOWN (If our and give nearest fown)	otside carporate limits, write RUR	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corporate limits, v	write RURAL and give	nearest lown)
Rivero	dale	l year	X Bel	tsville		
d. NAME OF HOSPITAL		in haspital, give street address)	d. STREET ADDRESS	Emac Road		o. IS RESIDENCE ON A FARM? YES NO
3. NAME OF	First	Middle Lu	her Lost	4. DATE	Aanth De	ay Year
OECEASED (Type or print)	John	T	udor, Jr.	DEATH June	11	19 58
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In year lost birthday)		
Male	White WI	DOWED DIVORCED	11-11-21	26	yrs. Months Days	Haurs Min.
10a. USUAL OCCUPATION during most of working Broker	N (Give kind af work dane lifa, even if retirad)	Real Estate	TRY 11. BIRTHPLACE (Slote Maryla)			S.A.
13, FATHER'S NAME			14. MOTHER'S MAIDEN			
John	Joseph III	HEF Luby	M	argaret E. No	eal	
	IN U. S. ARMED FORCES		NFORMANT		dress	
I Tes, no, or unknows)	Il yes, give war or dales at service		argaret E.Ro	bert; same	address as	# 2.
Canditions, if ony gove rise to immedia (a), stoting the uncouse last. PART II, OTHE Br. 200, EXTERNAL CAUS	ofe couse deriving DUE TO (c)	Cerdic	Vascular ren	MINAL DISEASE CONDITION		19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY D or CONT CAUSE OF DEATH. 20c. TIME OF INJURY Hour a. m. p. m.	Month, Day, Year	While Net while feet	CE OF INJURY (Home, far ary, street, offica bldg., etc	m, 20f. (Cily er town)	(County)	(State)
	19	al work of work				_
opinion death re		the remoins described about all courses Accident Maloney W. M. D.		Homicide, Unc	determined mon	DATE SIGNED
220. BURIAL CREMATION FEMOVAL (Specify) 23. FUNERAL DIRECTOR'S	JUNE 14, 19	58 Walkington Mail	CREMATORY	22d. LOCATION (City, 16) Suttleyed. DBY REGISTRAR 244-	Mr. pg county Co. C. C. REGISTRAR'S SIGNAT	E. Md.
(X/Milus / not	11 254 0	ennall M. n W.	DATE OF	JUN 1 3 '58	W. Leave	7

THE RESIDENT -8007000 Avd4717 all lyed bed Las cash Labrace brains if and the state of years Indianal Indianal Madlatt Children attack . . . Bool Satety : Dayler Look will that Massot held. . C. Tata Carrier of the Control of the Carrier Carrie

Hed offer ā pe shauld FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7120 CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE Where deceased lived. If institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CHR OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town) RHALand ave peorest town d. NAME OF HOSPITAL (If not in haspital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 00 YES NO NAME OF First Middle DATE Year Day DECEASED (Type or print) DEATH 19.5 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH AGE (In years last brilliay) IF UNDER I YEAR OF UNDER 24 HRS 7. MARRIED WEVER MARRIED Months Days Hours Min. DIVORCED T WIDOWED T yrs 10a. USUAL OCCUPATION Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Sinte or foreign country) during good of parking life, even if retired) 12. CITIZEN OF WHAT COUNTRY? offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate DUE TO coese (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY PERFORMED? YES NO M 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month. Day, 20e. PLACE OF INJURY (Home, form, Year 20d. INJURY OCCURRED Hour a. m. While Not while ot work at work p. m.

20f. (City or town) foctory, street, office bldg., etc.)

(County) (State)

9, 1955, that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at 12 M. from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL

SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAMEZOF CEMETERY OR CREMATORY

22d. LOCATION Kity, tow

23. PUNERAL DIRECTOR'S SIGNATURE

22a. BURIAL CREMATION. 22b. DATE THEREOF

ADDRE

240, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/55

340	HTAEG HO	CERTIFICATE C	
	and the same		
			Salar and Artists
	C DOWN ON THE REAL PROPERTY OF THE PERSON OF		
	Sept April 1997 Sept 1997		
	1 40 1 1		
		500 St. 1000 V 700 中	
	the first and the second		

	7151	CERTIFIC	ATE OF DEATH		Reg. Dist. No.	16
1. PLACE OF DEATH o. COUNTY Prince G	anrge .	MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY		ssion)
b. CITY OR TOWN (If out RURAL and give neares) Cheverly	side corporate limits, write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (If or	utside corporate limits, write RI	JRAL and give hearest tow	vn)
d. NAME OF HOSPITAL (I OR INSTITUTION	f not in hospital, give street ad	inital	d. STREET ADDRESS	Ave	ON	SIDENC A FARM
3. NAME OF DECEASED	First MARY	Middle	lost	4. DATE Moni		Yeor 19 5
Female	White WIDOWED	NEVER MARRIED	8. DATE OF BIRTH 9/16/08	9. AGE (In years lost birthdoy)	Months Doys Hours	
10a. USUAL OCCUPATION (C during most of working I Clerical	ife, even if retired)	S. Governmen	ustry 11. BIRTHPLACE (Slote of	or foreign country)	12. CITIZEN OF WHA	T COUN
			14. MOTHER'S MAIDEN N. Cornelia Ame	elotte Addr	ess	
PART I. DEATH VIMM Conditions, if only, gove riso to imme couse (o), stoting the ylying couse lost.	MEDIATE CAUSE (o) DUE TO which diote (b) DUE TO (c)	Simel Lance	ho preun	the ute	ONSET AN	
\$ 491X			IT NOT RELATED TO THE TERMIN		PERF	AUTOP ORMED?
20g. ACCIDENT WAS UN OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION MEDICAL CONTRIBUTION	AUSE OF DEATH		ED. (Enter nature of injury in Pa			
20c. TIME OF INJURY M		RY OCCURRED 20e. I	LACE OF INJURY (Home, farm,	20f (City or town)	(County)	(St

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

PARTON

Dietz M.D.

22c. NAME (Company)

6/14/58

St. J.

ACTUAL

22c. NAME OF CEMETERY OR CREMATORY
St. John's Cemetery

22d. LOCATION (City, town, or county) (Stole)
Silver Spring, Montgomery Co.Md.

ADDRESS
Silver Spring, Md. DATE UN 16 '58 CHILLESTONE

VS A15 (4) 15M 10/57

THE SHE WILLIAMS WILLIAMS	Service Control			
the second section of the second	and the same of the same			
al receive action			No.	Depicts L
	State State			
	(September)	a talasi	led and sample	C BESCH
		DOLLEG THE STATE		
	, , , ,	# ·		
				-D 100
	10 218 a 1915 a			
				\-

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07166

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Prince George MARYLAND Varvland Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Upper Marlboro 1 Day d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION /d. STREET ADDRESS e. IS RESIDENCE ONA FARM? Prince Georg's General Hospital YES P NO First 4. DATE Middle Month DECEASED DEATH June 27 Mackall Carrie (Type or print) 10 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS birthdoy) Months Davs Hours Female Negro WIDOWED I DIVORCED [10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. Domestic Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) Horace Owen. Upper Marlboro, Md. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o' DUE TO Mesenteric Thrombosis Conditions, if ony, which 24 hours gove rise to immediate DUE TO couse (o), stating the under-Embolization from Aneurysm of Thoracic Aorta lying couse lost. hours PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 198___,that I last saw the deceased olive on ___, and that death accurred at 5_A___M, fram the causes and an the date stated above. ADDRESS (Street, city or town, state ACTUAL NAME (Type) David Watkins. Md. 20. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Yown, or county) (Stote) REMOVAL (Specify) Union methodist 30-58

24g. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

FUNERAL Poops 3 should the registrar page 10 VS A15 (4) 15M 10/57

DIRECT

comes against	tries and the second		Margan Margan
		THE TAXABLE SERVICES	
			man s'smos' contr
	Day of the Park Lines		
	Year - M	Despois Manage	
**************************************		eterorena Cara	
. 1.0 08.00	dewoglotts 		
			7
	in a supplied		
		+3 that will be	
	MATERIAL STATES		
		LOVE.	Janizen Talven (Septem
Bill and all is	Je boil	an want	2-VS-2
		1 2 1 2 1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1	nate Park

FOR STATE HEALTH DEPT.

sary, please r files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral dines a should be far estained for a should be far estained for the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Books or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.

2 4 2 vs. A15ME 5M 2/57 0

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7116 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Pag Dist Ma

	- 220							Key, DI	31, 140,	
PLACE OF DEATH	Prince Geo	mana	MARYLAN	O. STAT			ed lived. If inst b. COUN			dmission)
	(If outside corporate limits, write		c. LENGTH OF STAY IN 1					T.T.	Geo.	
and give nearest to			1 years	1		tsvil	orote limits, wri 1e	te KUKAL ond	give neores	I town)
d. NAME OF HOSP	ITAL OR INSTITUTION	(If not in hos	pital, give street address)	d. STRE	ET ADDRESS				e. 1	S RESIDENCE
1320 N	Micholson	Stree	t Block		1304 1	Nicho	lson S	treet		ON A FARM?
3. NAME OF DECEASED (Type or print)	Geo	rge	Middle Peter M	antzou	ris	4. DATE OF DEATH	Jun		Doy	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF B	RTH		9. AGE fin years		TYEAR IF U	INDER 24 HRS.
Male	white	WIDOWED	DIVORCED [June	10. 19	954	lost birthday)		Days Hou	ors Min.
during most of work	ION (Give kind of work into life, even if retired)	done 10b. K	IND OF BUSINESS OR IND	USTRY 11. BIRT	shingt				J. S. A	HAT COUNTRY
13. FATHER'S NAME					R'S MAIDEN N					
Peter	George M	lantzo	uris		Caroly	vn Ca	stle			
15. WAS DECEASED E	VER IN U. S. ARMED FO	RCES? 16.		. INFORMANT			Arling	ton. T	IA.	
Yes, no, er unknown)	If yes, give wor or dates of	sataice)		Thoma	s Cast		1605 s			
8/2 X Conditions, if gove rise to imm (a), stoting the couse last.	underlying DUE TO)	Hemorrhag Trauma, m	ultipl	e and				QNSET AND	
CATIC			NTRIBUTING TO DEATH BU					IVEN IN PART	1(0) 19. W. PEI YES [RFORMED?
	ONTRIBUTING []		run over b							
20c. TIME OF INJ	URY Month, Doy, Ye	While		actory, street, of	Y (Home, form fice bldg., etc.)	or town)	(Cou		(Stote)
			emains described o	-	on Autops	y 🔲 , În	spection 🚾	2 Inquir	y 55 t.	and in my
ACTUAL SIGNATURE	Ahn 29	Majorolo	auses □. Acciden		cide ∐, F		∐, Unde	termined n		TE SIGNED
1	John T. Ma			DEPL	STANT MEDICAL		.Tan	ne 27,	195	8
Buna 15	16/21	56	22c. NAME OF CEMETERY	or CREMATORY	en	u	TION (City, touth	20	C	Stote)
23. PUNERAL DIRECTO	untura	m+	Sou an	52 th	DATE UL	D BY REGISTS		SISTRAR'S SIG	NATURE	

greatest fire of the Little austration AND AND THE RESIDENCE OF THE PARTY OF THE PA the Control of the Section of the Control of the Co

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7153

CERTIFICATE OF DEATH

				Reg.	Dist. No.	
PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (W	here deceosed lived	d. If institution: Resi	idence before adi	mission)
Prince George	MARYLAND	Maryla	and	b. COUNTY Pri	nce Geor	CA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (IF				
Cheverly 26 da	ays	15 W. Hvatt	sville			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET ADDRESS			10	RESIDENCE N A FARM?
Prince George General Hospital		****	ver Street	et	YES	□ NO-E
3. NAME OF DECEASED (Type or prin(Pete) Pietro	Middle	Marinari	4. DATE OF DEATH	Month June	Doy 10	Yeor 19 58
5. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED	B. DATE OF BIRTH	9. AC	GE (In years IF UNI	DER TYEAR IF UN	NDER 24 HRS.
	DIVORCED 🔲	6-9-76		B2 yrs. Month	hs Days Hou	irs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU	SINESS OR INDUS		or foreign country) 12.	CITIZEN OF WH	AT COUNTRY
during most of working life, even if retired) Shoemaker	r	Italy		U.	. S. A.	
3. FATHER'S NAME		14. MOTHER'S MAIDEN				
Anten Antoneo Marina	ari	Mar	ia Sardi	ni		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	JRITY NO. 17. 1	NFORMANT		Address		
(Yes, no, or unknown) (If yes, give wor or dates of service)	Ma	argaret A Ba	rtley W		lle Md.	
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b).	ond (c).]					BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) 1. 13 RON	cho,	oneumo,	WIA			DEATH CELY
1191v					7 4	
Conditions, if ony, which) 100 2. Mes	ENTER	uc Thre	mbox	15	2 111	cerre
gove rise to immediate						~~//
couse (o), stoting the under-						
lying couse lost. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS	G TO DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE CON	IDITION GIVEN IN I	PER	S AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NJURY OCCURRE	D. (Enter nature of injury in	Port 1 or Port 11 of	item 18.)		
	PPED 20e PL	ACE OF INJURY (Home, for	204 (City		10	45
Hour a.m. While Not whi	ile foo	ctory, street, office bldg., et	c.)	wnj	(County)	(State)
	5/11	-0	1/10	-5		
21. I certify that I attended the deceased from	3/16	, 19 <u>\$</u> 0 to	4/10	19.5 Othat	I last saw th	ne decease
alive on 4/10 8, an	id that death	accurred at6:30_	P.M. fram the	causes and ar	n the date ste	ated abave
144	Amer	w -	ADDRESS (Street, o			DATE SIGNE
SIGNATURE WATHER A PARTY	6-11	MD 3503	Georg -	W.	6	110/5
PHYSICIAN'S WORMAN DONAT (BMEA4	25The	aimer "	mL		
	OF CEMETERY O	P CPEMATORY	Tast Tocation	City In.		
REMOVAL (Specify) 6/14/58 Mt 01	livet Ce		1	city, town, ar count	-	tate)
				7		
23. FUNERAL DIRECTOR'S SIGNATURE ADDRES F. Gasch's Sons Hyattsvill			D BY REGISTRAR	24b. REGISTRAR'S	SIGNATURE	
duscii s voiis ilyattsvill	e Ma.	DATE A	IIN 1 6 '58	1 PARA	Duck	

rol director, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by its haspital or attending physicion.

O FUNERAL DIRECT

After this certificate has been signed by the attending physician and campletely filled in by the, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shat the registrar prior to burial, cremation, ar remayal, and in any event within 72 hours ofter death. may be retained by 1

M

VS A15 (4) 15M 10/57

	TE OF DEATH	CERTIFICAL COLUMN	
	The State of		
		The ball of the same of the sa	
	Friend Special Control		
		esite.	
	So the second	jurier Carrier Mila	
The Later of	of February and Section		
	45,040,004,550	ALSON STATE	
		Landon Barnesse	
		Landon Barnesse	
NATIONAL PROPERTY OF STREET			

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral direction. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boor Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours offer death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 715MEDICAL EXAMINER'S CERTIFICATE OF DEATH Rea. Dist. No

PLACE OF DEATH								Account to the
	Prince	Georges	MARYLA	o. STATE KE	ntucky	ed lived. If institution b. COUNT	O	detore damission)
b. CITY OR TOWN (II	The same of the sa		c. LENGTH OF STAY IN		WN (If outside cor	orote limits write	RURAL and give	negrest lown)
and give nearest town)							
Chever.			10 hours		rederick	Boonevi	lle (Rur	and the same of th
d. NAME OF HOSPIT.	AL OR INSTITUTION	N (If not in hosp	pital, give street address)	d. STREET ADDR	RESS Rt. 2			e. IS RESIDENCE ON A FARM?
Prince	Georges	General	Hospital	Well-land	NEW PLAN	*AND AND	****	YES NO
3. NAME OF DECEASED		First	Middle	Lost	4. DATE	Mont	th Da	y Year
(Type or print)	Irvine			Marshall		June	17,	1958
S. SEX	6. COLOR OR RA	CE 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years	IF UNDER TYEA	R IF UNDER 24 HRS.
Male	white	WIDOWED	DIVORCED	July 19,	1905	53 yrs.	Months Days	Hours Min.
IDa. USUAL OCCUPATIO		ork done 10b. K	IND OF BUSINESS OR IND					OF WHAT COUNTRY
during most of working	ig life, even if retire	ed)						
Farmer			Farming	14. MOTHER'S MA	tucky		U.S.	A
13. FATHER'S NAME				14. MOTHER'S THAT				
Coo	nas Manah	077		Mand	Beard			
15. WAS DECEASED EV	rgo March	FORCES? 16. S	SOCIAL SECURITY NO. 1	INFORMANT	tha Sto	Address	1	
Yes, no, er unknown)	(If yes, give wer or date		02-01-9522			0		d, Beltsv
	DITE	TO		01110 110011 0 1	failure—			
Canditions, if o gave rise to imme (a), stating the	diote couse	(b)	Cardiovascul					
gove rise to immer (a), stating the cause lost.	ny, which diote couse underlying DUE	(b)(TO(c)		ar renal dis	56486	E CONDITION GI	VEN IN PART 1(0)	
gove rise to immer (a), stating the cause lost.	ny, which diote couse underlying DUE	(b)(TO(c)	Cardiovascul	ar renal dis	56486	ECONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
gove rise to immed (a), stating the cause lost.	ny, which diote couse underlying DUE	(b) (c) (c) (c) (c)	Cardiovascul	ar renal dis	TERMINAL DISEAS		VEN IN PART 1(0)	PERFORMED?
gove rise to immedial, storing the couse lost. PART II. OT: 20a. EXTERNAL CAL PRIMARY II or COI CAUSE OF DEATH.	ny, which diote cause underlying DUE HER SIGNIFICANT COUNTY OF THE COUNTY OF T	(b) (7) (c) (c) ONDITIONS CO	Cardiovascul	or renal dis	TERMINAL DISEAS in Part I or Part II	of item 18.)	VEN IN PART 1(o)	PERFORMED?
gove rise to immer (e), storing the couse lost. PART II, OTH 200, EXTERNAL CAL PRIMARY II or COL CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m.	ny, which diote couse underlying DUE HER SIGNIFICANT C USE WAS NITRIBUTING T RY Month, Doy,	(b) (7) (c) (c) (c) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Cardiovascul	OF THE PROPERTY OF THE PROPERT	TERMINAL DISEAS in Part I or Part II e, form, 20f. (City	of item 18.) or town)	(County)	PERFORMED? YES NOTE:
gove rise to immer (o), storing the couse lost. PART II, OTH 200. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	ny, which diote cause underlying DUE HER SIGNIFICANT CO USE WAS NTRIBUTING TO RY Month, Doy, mat I taok chain	(b) (c) (c) (c) (d) DESCRIBE (d) Veor (d) Veor (e)	Cardi ovascul	DI NOT RELATED TO THE D. (Enter noture of injury PLACE OF INJURY (Home factory, street, office bld, above, held an Au	TERMINAL DISEAS in Part I or Part II e, form, \$20f. (City g, etc.)	of item 18.) or town)	(County)	PERFORMED? YES NOTE (State)
gove rise to immer (o), storing the couse lost. PART II, OTH 200. EXTERNAL CAL PRIMARY OF COL CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the	ny, which diote cause underlying DUE HER SIGNIFICANT CO USE WAS NTRIBUTING TO RY Month, Doy, mat I taok chain	(b) (c) (c) (c) (d) DESCRIBE (d) White (d) Work (e) Toge of the r	Cardiovascul: NTRIBUTING TO DEATH BI HOW INJURY OCCURRED NJURY OCCURRED Not while of work emains described of	DI NOT RELATED TO THE D. (Enter noture of injury) PLACE OF INJURY (Home factory, street, office bldg bove, held an Au It, Suicide	TERMINAL DISEAS in Part I or Part II e, form, 20f. (City g., etc.) Topsy , It	of item 18.) or town) aspection	(County)	PERFORMED? YES NOTE (State)
gove rise to immer to, storing the couse lost. PART II. OTH 200. EXTERNAL CALP FIRMARY OF OF DEATH. 200. TIME OF INJUIT Hour o. m. p. m. 21. I certify the opinion death ACTUAL SIGNATURE	ny, which diote cause underlying DUE HER SIGNIFICANT CO USE WAS NTRIBUTING TO RY Month, Doy, mat I taok chain	(b) (c) (c) (c) ONDITIONS CO 20b. DESCRIBE Year 20d. II While of wor rge of the r Natural C	Cardiovascul: NTRIBUTING TO DEATH BI HOW INJURY OCCURRED NJURY OCCURRED Not while of work emains described of auses \$\mathbb{E}\$, Accider	DI NOT RELATED TO THE D. (Enter noture of injury) PLACE OF INJURY (Home factory, street, office bldg bove, held an Au It, Suicide M.D. CHIEF MEDIC ASSISTANT A	TERMINAL DISEAS in Part I or Part II e, form, 20f. (City g., etc.) itopsy, In], Homicide	of item 18.) or town) aspection	(County)	(State) Ond in myner DATE SIGNED
gove rise to immer to, storing the couse lost. PART II, OTH 200. EXTERNAL CAL PRIMARY 0 or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the opinion death SIGNATURE EXAMINERY NAME (Type) 20. BURIAL CREMATIC	ny, which diote couse underlying DUE HER SIGNIFICANT COUSE WAS NTRIBUTING THE MONTH DOY, The sulted from: John T. M. John T. M. John T. M. John T. M.	(b) YO (c) ONDITIONS CO 20b. DESCRIBE Year 20d. II While 19 wor rge of the r Natural co Alama aloney,	Cardiovascul: NIRIBUTING TO DEATH BI HOW INJURY OCCURRED Not while of work emains described of auses . Accider	DEPUTY MEDICAL CONTROLLER OF INJURY (Home factory, street, office bldg it	TERMINAL DISEAS in Port I or Port II e, form, 20f. (City gr, etc.) Itopsy , It homicide CAL EXAMINER	of item 18.) or town) aspection	(County) , Inquiry permined manners 18, 19	(State) Ond in myner DATE SIGNED
gove rise to immer (o), stoting the couse lost. PART II. OTH 200. EXTERNAL CAL PRIMARY or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINERY NAME (Type) 170. BURIAL CREMATIC REMOVAL (Specify)	ny, which diote couse underlying DUE HER SIGNIFICANT COUSE WAS NTRIBUTING DI RY Month, Doy, mat I taok chair resulted from: John T. M. DN, 22b. DATE THE	(b) (c) (c) (c) (d) DESCRIBE Year 20d. II While 19 of working of the representation of the results of the resu	Cardiovascul: NTRIBUTING TO DEATH BI HOW INJURY OCCURRED NJURY OCCURRED Of work of work emains described of auses . Accider M.D. 272c. NAME OF CEMETERY	DIT NOT RELATED TO THE D. (Enter noture of injury PLACE OF INJURY (Home actory, street, office bldg Bove, held an Au M.D. CHIEF MEDIC ASSISTANT A DEPUTY MED OR CREMATORY	TERMINAL DISEAS in Port I or Port II e, form, 20f. (City g, etc.) topsy , In topsy , In topsy , Homicide CAL EXAMINER MEDICAL EXAMINER 22d. LOCA	of item 18.) or fown) respection , Undete	(County) Inquiry permined manual man	(State) PERFORMED? YES NOTE (State) DATE SIGNED (State)
gove rise to immedial, storing the couse lost. PART II. OTH 20c. EXTERNAL CAL PRIMARY Dor COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o. m. p. m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINERS NAME (Type) 120. BURIAL (Specify) BURIAL (Specify) BURIAL	ny, which diote couse underlying DUE HER SIGNIFICANT COUSE WAS NTRIBUTING DI RY Month, Doy, mail I taok chair resulted from: John T. M. John T. M. June 2	(b) (c) (c) (c) (d) DESCRIBE Year 20d. II While 19 of working of the representation of the results of the resu	Cardiovascul: MIRIBUTING TO DEATH BI HOW INJURY OCCURRED Not while of work emains described of auses . Accider	DIT NOT RELATED TO THE D. (Enter noture of injury) PLACE OF INJURY (Home factory, street, office bld, above, held an Au M.D. CHIEF MEDIC ASSISTANT A DEPUTY MEDICAL COR CREMATORY THE TOTAL CONTROL OF CREMATORY THE TOTA	TERMINAL DISEAS in Port I or Port II e, form, 20f. (City gr, etc.) topsy , In 22d. LOCA BOOK	of ifem 18.) or fown) respection Undele Undele Tion (City, fown,	(County) Inquiry permined manual man	(State) PERFORMED? YES NOTE (State) DATE SIGNED (State)
gove rise to immer (o), storing the couse lost. PART II. OTH 20g. EXTERNAL CAL PRIMARY Or COI CAUSE OF DEATH. 20c. TIME OF INJUI Hour o.m., o.m. 21. I certify the opinion death ACTUAL SIGNATURE EXAMINERY NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify)	ny, which diote couse underlying DUE HER SIGNIFICANT COUSE WAS NTRIBUTING DI RY Month, Doy, mail I taok chair resulted from: John T. M. John T. M. June 2	(b) (c) (c) (c) ONDITIONS CO 20b. DESCRIBE Year 20d. II While of working of the representation of the repres	Cardiovascul: NTRIBUTING TO DEATH BI HOW INJURY OCCURRED NOT while of work emains described of auses \$\mathbb{Z}\$, Accider M.D. M.D. Shepherd Cei	DIT NOT RELATED TO THE D. (Enter noture of injury PLACE OF INJURY (Home factory, street, office bldg Ibove, held an Au It, Suicide M.D. CHIEF MEDIC ASSISTANT A DEPUTY MED OR CREMATORY The property of the control of the contro	TERMINAL DISEAS in Port I or Port II e, form, 20f. (City g, etc.) topsy , In topsy , In topsy , Homicide CAL EXAMINER MEDICAL EXAMINER 22d. LOCA	of ifem 18.) or fown) respection Undele Undele Tion (City, fown,	(County) Inquiry permined manual man	(State) PERFORMED? YES NOTE (State) DATE SIGNED (State)

BEATPARDE.

PARTHCAL DOLANNER'S CERTIFICATE OF DEATH

olia a	J. J. Z.		nince ecoim	
(mm)ref	icitalent		*	resters.
1	, the second second	Ird. cec	Internation magnetic	eon.r
17,	onto Discoul		eniva"	
			e di internationale di internationale di internationale di internationale di internationale di internationale d	ale
* +	April 400	Familia:		Control (V
	Section Section		II: e	
F. T. Bird of th	ne die ; 1203 oue			6
		i i 600 - 1 w -		
	Er un Dans			
. Namus c 18, 1956			escent Pho	
	ALL CASES		101-13 CHE	
		right - delight		8.5

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY filed b COUNTY MARYLAND death. CITY OR TOWN (If outside corporate limits, write LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO _ NAME OF Middle 4. DATE Month Year DECEASED (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS campletely Months Doys Hours WIDOWED A DIVORCED [papers. YES. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY death. 1.5.A. puo carban ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME SE 15. WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT All yes give war or dates of service) tending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN ā ND DEATH PART I. DEATH WAS CAUSED BY: F þ any Conditions, if any, which een signed gove rise to immediate DUE TO a. E couse (o), stating the underpup lying couse lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(9) 19. WAS AUTOPSY remayal, PERFORMED? 0 YES NO PA 20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) 0. 11. foctory, street, office bldg., etc.) While Not while 19 at work ot work p. m. 21. I certify that Lattended the deceased from ... 19.30 that I last saw the deceased and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street city or town, state) ACTUAL DIREC pe shauld PHYSICIAM'S FUNER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) KEMOVAL (Specify) Arlington National Myer. Virginia 0 FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

			The State of the State of
	1		
		The same	
		all to filler lake	
			All (minimal in an and
			Carried States
A Manual Property Lines A			
the party of the section of the sect	to be the said		
			The William Page
		motion 12 miles	631. 1/2
A STATE OF THE PARTY OF THE PAR	r Child		Land Branch

FOR STATE HEALTH DEPT.

DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please each the certificate, writing the ward "pending" in pending in tem, 18. Give Pages 1, 2, and 3 to the funeral director. Page should be farm of to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for filler. UNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baarre. Health, its designated agent, prior to burial, cremation, ar remaral, and in any event within 22 hours after death. TO DEPUTY MEDICAL 4 should be forw

VS. A1SME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

7206						Reg. Dist.	No.	
1. PLACE OF DEATH			2. USUAL RESIDENCE	(Where deced	sed lived. If institu	tion: Residence	before adm	ission)
o. COUNTY Prince Georg	es	MARYLAND	o. STATE Mary	land	b. COUNT	Pr.	Geo.	
b. CITY OR TOWN (It autside corporate limits, and give nearest town)	vrite RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside con	rporate limits, write	RURAL and gi	ve nearest to	wn)
Tuxedo		4 years	X Tuxe	do				
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hos	pital, give street address)	d. STREET ADDRESS					ESIDENCE
2410 57th Avenue			2410	57th	Avenue			A FARM?
3. NAME OF DECEASED	First 7	Middle	Lost	4. DATE	Month		Doy	Year
(Type or print) Mary	E	· ·	fcConnell	DEATH	June	22,	1	19 58
5. SEX 6. COLOR OR RAC	E 7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthday)	IFUNDER TYPE		7
Female White	WIDOWE		January 1,	1905	53 yrs.	Months Day	ys Hours	Min.
10a. USUAL OCCUPATION (Give kind of wo during most of working life, even if retire	k done 10b. k	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	te or foreign	country)	12. CITIZEN	OF WHAT	COUNTRY
Clerk		U.S.Gov't	New York			U	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				
Unknown			U	nknown				
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO. 17.	INFORMANT		Address			
No	or earwice)	I	Louis McConne	ell; 33	312 Manor	rood Dr	ive.	
18. CAUSE OF DEATH [Enter only one	ouse per line	for (a), (b), and (c).				T	INTERVAL BETW	EEN
PART I. DEATH WAS CAUSED BY		cute congestiv	re heart foi	11170			ONSET AND DE	ATH
442X IMMEDIATE CAUSE		case conferent	A HEAT O TAT	Time				
Conditions, if any, which)	_	ardiovascular	manal diagon					
gave rise to immediate cause		ar arovascarar.	Leust ofses	3 e	v			
(o), stating the underlying DUE 1								
	(c)	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINIAI DISEAS	SE CONDITION GIV	ENI INI DART 1/	-1 10 14/45	ALITOREY
E CONTRACTOR		THE	THE TENTE TO THE TEN	MINTAL DISEA.	SE CONDITION ON	ELA HA LVEL T	PERFO	DRMED?
20g. EXTERNAL CAUSE WAS	JOY DECCUS	HOW INTERVOCCHORED	5-1				YES [ио 🔟
PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	2VD. DESCRIB	E HOW INJURY OCCURRED. (chier nature of injury in P	off For Port I	of item 18.)			
20c. TIME OF INJURY Month, Day,			ACE OF INJURY (Home, fo		y or town)	(County)	(State)
Hour e.m.	9 Of wo	Not while or work	iory, sireer, office diag., e					
21. I certify that I took char	ge of the	remains described abo	ove, held an Autor	osy 🗍, I	nspection 1.	Inquiry	II. an	id in my
opinion death resulted from:	Natural d	causes Dil. Accident	☐, Suicide ☐.	Hamicide	. Undete	rmined mai		
01		^	[], voicing [],			Time o Tino		
ACTUAL John	M	Dennes -	CHIEF MEDICAL	EXAMINER [1		DATE	SIGNED
SIGNATURE TO THE SIGNATURE	1116	avery	M.D. ASSISTANT MED		Variable of the second	-80		
EXAMINER'S John T. I	aloney	. M.D.	DEPUTY MEDICA			me 22,	1958	
220 BURIAL CREMATION, 1226. DATE THE	EQF	22c. NAME OF CEMETERY OF	CREMATORY	22d. LOCA	TION (City, Iown, o		/(Stor	ie)
RAMOUNAL (Specific) 6/25/	58	CEDAR 1	1,11	18111	+1ANd	W	11	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS	240. RE	C'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGNA	ATURE	
LIEE FUNERAL H	1211=	300.4th ST	N/ F DATE	11M 2 E 10		1 -	0	
VIA LIVIY TO TO TO	MIT.	JUU' JUN SI	TIE DAIL	UN 2 5 19	10 1 Cl	reduce	4	

asignasi early

A CONTRACT OF THE PROPERTY OF

Part woll district.

sulliar traisfiction summer of the

ETASO TO STADISTIFIC CIRCUM AND LICENSE

.

ARRE CO COMMIS

. softe booting Till themood atton

Complete and the contract

elama!

VS A15 (4) 1SM 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7155 CERTIFICATE OF DEATH

07172

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Prince	George	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Maryland Prince George
b. CITY OR TOWN RURAL ond give	(If autside carporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
OR INSTITUTION	ITAL (If not in hospital, give stree	1 Day	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	George General		4514 Banner Street
3. NAME OF DECEASED (Type or print)	First Nelson	Middle	Moore Annual Month Doy Year Of DEATH June 20 1958
5. SEX	6. COLOR OR RACE 7. MAR		B. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. About 16, 1900 7. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Handyma 13. FATHER'S NAME	ION (Give kind of work done 10b trking life, even if retired)		ISTRY 13. BIRTHPIACE (Stote or foreign country) Belts Us We Med U.S.A. 14. MOTHER'S MAIDEN NAME
S. WAS DECEASED EV	/ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO. 17.	OUSE GILBERT 4514 Bannen 24.
Conditions, if gave rise to couse (a), stating lying couse lost Part II. O	immediate g the <u>under-</u> DUE TO (c)	congestion	e Heart Falure T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED?
PART II. O PART II. O OR CONTRIBUTION (IF EITHER, NOTIF	/AS UNDERLYING 20b. DE: G CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	YES NO D. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJU	IRY Manth, Day, Year 20d.	Not while to	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
21. I certify	hat I attended the decea		accurred at 11:35PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DAJE SIGNED
ACTUAL SIGNATURE APPRISICIAN'S NAME (Typo)	alliam fo	Z	MO. GILT Central Anc GIVAT

71 CEPTIFICATE OF DEATH

07173

	- 1	199	CLKIII	IICA	IE OI DEA	4111			Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY Prince	George		MARY	LAND	2. USUAL RESIDENCE STATE Maryland		re deceased	d lived. If institut b. COUNTY	/		Geor	
b. CITY OR TOWN (IF RURAL and give ne Laurel		ts, write	c. LENGTH OF STAY	IN 1b	Laurel	V (If out	side corpo	rote limits, write l	RURAL ond	give ned	arest fown	1)
d. NAME OF HOSPITA OR INSTITUTION Laurel Ge	eneral Hospitol		oddress)		d. STREET ADDRE	1	tgome	rv Road				FARM?
3. NAME OF DECEASED (Type or print)	Fir Nin	sf	Middle		Lost Moore		4. DATE OF DEATH	Mo Ju		Do		Yeor 19 58
5. SEX Female	6. COLOR OR RACE White	7. MARR	IED NEVER MARRIE		March 17,	189	97	9. AGE (In years lost birthday) 61 yrs	Months	R 1 YEAR Doys	IF UNDE	ER 24 HRS. Min.
Retired	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OF	R INDUST	Maryl		r foreign co	ountry)	12. C	ITIZEN C	S F	COUNTRY
Joseph H	. Moore				14. MOTHER'S MAIL							
15. WAS DECEASED EVER			SOCIAL SECURITY NO.	17. IN	FORMANT Hospital			Ado	dress			
Conditions, if or gove rise to in cause (s), storing I lying cause lost. Parl II. OTH OR CONTRIBUTING OR CONTRIBUTING OR FITTER, NOTIFY	ER SIGNIFICANT CON S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	DITIONS C	CRIBE HOW INJURY OF	CCURRED	(Enter noture of injur	ry in Po	ort I or Por	I II of item 18.)		RT 1(o) 1	2 C 9. WALL PERFO YES []	AUTOPSY RMEDZ NO
20c. TIME OF INJURY Hour o. m. p. m.	19	While at wor	Not while	focto	CE OF INJURY (Home ory, street, office bldg)., elc.)	20f. (City			(County)		(Stote)
alive on	John M. War	le l	and that A A L L 22c. NAME OF CEME	death	accurred at	ince	on, france (See Geo)	n the causes of the treet, city or town.	and on stote)	the do	te state	ed abave ATE SIGNE d.
23. FUNERAL DIRECTOR'S	signature)	.01	ADDRESS	fil	11 /2 1	REC'D	BY REGIST 3 151		igtrar's s	IGNATU	RE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar ottending physician.

TO FUNERAL DIRECTOR STATES After this certificate has been signed by the ottending physician and completely filled in by the Ameral director, page 3 should be clacked for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 stated with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. d

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

			ACPUTED CERTIFICA		
					SOME WALL
		B. 1513 A.			
				LOUNT TAXBUR	
197	re-				
	A HOLD TO STORE				
	The Latest				
					Boral all
					MATERIA II
	The state of the s			(4200)	of seales
			CHE OF BRIDE HORSE		
	agrees.	day I maller			
	Arra de Arra		men wa boogt		Horania Fulli Light orbit
• • •	PAGE REPORTED IN				

FOR STATE HEALTH DEPT

24 haurs after death. If ony delay is necessary, please Sive Pages 1, 2, and 3 to the funeral director. Page farm PM3. Page 5 may be retained for filles. File pages 1 and 2 with the State Baark. Health, ye event within 22 haurs after death.

	\sim	am.		- 6
100		-		æ
0 000		0	- Charles	
aglio.	00	8	2	- 6
0.00	green		No.	9 00
- 3	_	O	45	T
	E	C	~	ě
ਾਹ	43	0	bile	- 2
6)	-	Otto	en.	,
101	NAMES.	0	0.00	_
47	100	-01	- 6	7
40		4.1	-	- 2
37	_	, =	2	6
40	1 300	bóm	100	2
-	O	0	-	18
40	-	V	0	16
2	- 92	100		54
-	E.L.		-5	
0	-	41	0	0
-	B. 100	9	adott	-
~		100	m	
×		C	-	- 10
40	E33	1	105	-6
-	C	0	0	0
40	0.000	34	_	t
all the	-0	w	O	è
0	C	-	- 60	15
	0	B	60	-0
1	0	ü	100	5
10-0	2	1	61	
-		ъ	ŏ	
- 43	TO	0	alber	-
-	0-	5	773	. 9
673	0	46.	1000	1
-	- 32	Mor	2	- 6
-	-	(0)	0	£
	•	9 010	-80	
**	2	-	979	-0
EDC.	-	U	~	de
w	en		4.7	64
Z	6	. 6	63	E
-	0.000	alle.	ED	
-5	40-1	_	13	12
-	Sea	- 13	0	ъ
-	3	10mg	4000	
34		909	00	-
MI	20	-	ec	15
-	BAY Y		O	3
-			0	C
ell	4		R. D	C
4.3	100	-	444	_
2	6 0-0	3	TAIL .	-0
0	ha	ha	ESC	9
Bud	(1)	.0	-	-
197	U	000		2
2	-	(0)		5
-	6)	.0	-	. 6
>	ahu	_	M	v
Sin	40.00	TO	00	-
E	(1)	1000	844	7
-	- Chin	2	2	п
Gh.	2	0	4	4
H	0	J.	2	
0	91	9/9	84.	
DEPUTY MEDICAL EXAMINER: This certificate should be executed within	execute the certificate, writing the word "pending" in pencil in Item, 18. (-	PUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.	or it decided and animal of this bear decided of the

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 715 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	-	* A.U. \$				Keg. Dist. No.	
	1. 6	LACE OF DEATH		2. USUAL RESIDENCE (V	Where deceased lived. If institu	ution: Residence before admission)	
		· mer siences	MARYLAND	VIOV	my Canal	12.10	
1	Ь	CITY OR TOWN (If outside corporate limits, write RUKA), and give engritt fown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (III	ouside carporate limits, write	RURAL and give nearest lown)	
/		Cheverly	2019	25 4	rendall		
7	d	I HAME OF HOSPITAL OR INSTITUTION (If not in hose	pital, give street address)	d. STREET ADDRESS	1. 1 -	e. IS RESIDENCE	
7		Innce reorges Cen	- HOSP	6113-	Kemburt	have YES NO	-
	3. 1	NAME OF SECENSED	Middle	lost	4. DATE Month	h Day Year	
	-	Type or print) /(alhumu	Martha	Monnigsk	DEATH June	21- 1958	
	5. S	6. COLOR OR RACE 7. MARRIE	D NEVER MARRIED B.	DATE OF BIRTH O	A/ AGE (In years lost birthday)	Months Doys Hours Min.	£5.
	13	male White WIDOWED		5-9-	74 64 yrs.		
		. USUAL OCCUPATION (Give kind of work done 10b. K uring most of working life, even if retired)	IND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE (Stole	or foreign country)	12. CITIZEN OF WHAT COUNT	RY7
1		Jouseurle 1		Mary	and	14.5.9	
1	13.	FATHER'S NAME		14. MOTHER'S MAIDEN I	YAME /		
***	0	Janvince Heling		Elmak	eth Ham		
	15. [Yes	WAS DECEASED EVER IN U. S. ARMED FORCES?	SOCIAL SECURITY NO. 17. IN	FORMANT	Sch Address	achalan Rd-	
		1/10	79-10-7815 11	Sched John	son- Fred	ale mod	
		18. CAUSE OF DEATH [Enter only one cause per line f	for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH	-
		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Jemershace	9 shock		ONSET AND DEATH	
		812X DUE TO		1 1	1-1 00		
1		Conditions, if ony, which) (b)	unhed ch	est & had	trued stull		
		gave rise to immediate cause					
		(c), stating the underlying (c)					
	3	PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE CONDITION GIV	VEN IN PART 1(a) 19. WAS AUTOPS	Y
)	CERTIFICATION					YES NO S	Z'
	TIFIC	200. EXTERNAL CAUSE WAS 20b. DESCRIBE	HOW INJURY OCCURRED. (E)	pler nature of injugy in Por	t I or Part II of item 18.)	4	-
	CER	20g. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH.	destrain of	web by a	m automoby		
	3	20c. TIME OF INJURY Month, Day, Year 20d. II		E OF INJURY (Home, form	n, i 20f. (City or town)	(County) (State	}
0	MEDICAL	10.24 p.m. 6-21- 1957 of wor	THOI WHITE	ary, street, office bldg., etc.	PRINCE	Pa Ca- ano	1
		21. I certify that I took charge of the r			y , Inspection ,	Inquiry A, ond in m	234
		opinion death resulted fram: Natural c	-			ermined monner	y
		A desired frame. Training of	A Accident	Zi, Soleide [_],	, ondere	Tillinea monter []	
		ACTUAL DESCRIPTION OF THE SECONDARY	bones	CHIEF MEDICAL EX	KAMINER (T)	DATE SIGNED	
0		SIGNATURE TO THE	0,000	_M.D. ASSISTANT MEDIC			
ű		NAME (Type) JOHN TO MALE	PAIDY M.D.	DEPUTY MEDICAL	EXAMINER DA 6-	22.58	
	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR		22d. LOCATION (City, town,		-
		Burial 6/24/58	Prospect Hill	L Cemetery	Washington D.		
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 246. MEON	STRAP'S SIGNATURE	
		F. Gasch's Sons Hyatts	sville Md.	DATE	JUN 2 5 '58	U. Leaun	

HEARD TO STADISTISS OFFITS OF PROME OF PRATH

TOUGHT A TOUR RESERVED A THE SECOND TO

which has been still the second of the secon

FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
7158
REDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. 0.7175

	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)					
	Prince George's MARYLANG	o STATE Maryland b. COUNTY Prince George					
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give negress town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
	Cheverly 3 days	X Forestville					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?					
7	Prince George's General Hosp.	7601 Walter's Lane					
	3. NAME OF First Middle	Lost . 4. DATE Month Doy Year					
	(Type or print) Theodore Elridge	Mullikin DEATH June 9 1958					
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED						
	Male White WIDOWED DIVORCED	March 7, 1911 47 yrs. Months Doys Hours Min.					
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)						
1	Car repairman Washington t	erminal Maryland U.S.A.					
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
1	Elmer Randolph Mullikin	Maude Whittington					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17. 17.	Ruth Mullikin, same as # 2					
	119-01-3001	nati malitain, same as # 2					
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), gnd (c).]	INTERVAL BETWEEN ONSET AND DEATH					
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Cerelial edana Torrie to me as elete						
,	9020 DUE TO 2 -						
	(Conditions, if any, which) (b) Frostrand of the sale the long and fetile						
	gove rise to immediate cause (O) ETO						
	couse last. (c)						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. EXTERNAL CAUSE WAS PRIMARY TO OCCURRED. CAUSE OF DEATH. PA 1 01 01 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	PERFORMED? YES NO					
	200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Port I or Port II of Item 18.)					
		tree					
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)					
0		ard of home Forestville P. G. Md.					
	21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry . and in my						
	opinion death resulted from: Notural causes Accident , Suicide , Hamicide , Undetermined manner						
	SIGNATURE SIGNATURE	M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED					
	A CONTRACTOR OF THE SECOND	ASSISTANT MEDICAL EXAMINER					
	EXAMINITY'S NAME (Type) A MI SOC 7 // 201/	DEPUTY MEDICAL EXAMINER PO 10,1658					
	220. BURIAL CREMATION 276 DATE THEREOF 22C. NAME OF SEMETER OR CREMATORY 22d. LOCATION (City, Jown, or county) (SIG10)						
	Burial 6/13/1958 Fort Lincoln Cemetery Colmar Manor, Pr. Geo. Co. Md.						
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D AN REGISTRARE 246 RECISTRAR'S SIGNATURE					
	W.W.Chambers Co.Inc., Riverdale,	M.d. DATE					

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained farmed files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard. Health, ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

ALL THEOLOGICAL EXAMINER'S CERTIFICATE OF DEATH The A 42 Photo Service The transfer of the state of th The grade was a second of the Charles have the complete and the control of the co the transfer of the content of the content of the content of the HERVINER OF CORP.

		. /	1		
	-	1	1		
_/	1	2	×		
1		M		1	
3				1	

I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7207

CERTIFICATE OF DEATH

	keg. Dist. No						
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be o. STATE b. COUNTY						
Prince George MARYLAND	Maryland Prince	e George					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn)						
Glassmanor & years	★ Glassmanor						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?					
427 Garden St., S.E.	427 Garden Street, S.E.	YES NO IS					
3. NAME OF First Middle (Type or print) Geraldine Lucille	Pawell 4. DATE Month of Pawell June 6, 1958	Day Year					
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YE	AR IF UNDER 24 HRS.					
Female White WIDOWED DIVORCED	20 Dec 1918 39 yrs. Months Days	s Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDL		OF WHAT COUNTRY					
during most of working life, even if retired) Housewife	Chicago Illinois	USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	UDA					
Rocco Marinello	Anna Jurackewicz						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INFORMANT Address	•					
No 308-01-2096 F	(Yes, no. or unknown) (If yes, give wor or dates of service) 308-01-2096 Frederick J. Pawell 427 Garden St., SE						
18. CAUSE OF DEATH [Enter only one cause per line to (o), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TO Conditions, if any, which gove rise to immediate couse (o), storing the under-lying couse last. (c)	S DISEASE O	ATERVAL BETWEEN AND DEATH					
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO					
	ED. (Enter nature of injury in Part I or Part II af item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. jn. 19 While Nat while of work of wark	LACE OF INJURY (Home, form, colory, street, office bldg., etc.) (City or town) (Caunt	y) (State)					
21. I certify that Lattended the deceased from Jan., 1958 to June, 1958, that I last saw the deceased alive on 4 Junes, 1958, and that death occurred at 1150 AM, from the causes and on the date stated above ADDRESS (Street, city or town, store) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) MARCE E CONRA) JR. 1527 E Falkland Lane Silspr., Md.							
22c. NAME OF CEMETERY C REMOVAL (Specify) 6/10/1958 Arlington		nia (Stote)					
James 1. Hyan, Inc. 317 Penna. Ave.	, SE DATE JUN 9 158 245. REGISTRAR'S SIGNAT	WRE					

M

I

00

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 TO FUNERAL DIRECTOR PAGE 13 Should be octor

VS A15 (4) 15M 9/55

1				K	eg. Dist. No.
	1. PLACE OF DEATH o. COUNTY	MARYLAND	2. USUAL RESIDENCE (WIND	Tdece of igen bilistipation	Pesidence before admission)
)	b. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town)	STAY IN 16	c. CITY OR TOWN OF OU	tside corporate limits, write RUR	AL and give nearest town)
	Drudguin, me	10	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	THE REPORT OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TO THE PERSON NAM	Washington
3	d. NAME OF HOSPITAL of not in hospital, give street oddress) OR INSTITUTION		3213 9th F	lace, S.E.	e. IS RESIDENCE ON A FARM? YES NO
	DECEASED	liddle	lost Peel	4. DATE Month OF DEATH	Day Year 10 19 5 7
	5. SEX 6. COLOR OR RACE Y. MARRIED NEVER M		B. DATE OF BIRTH	9. AGE (In years) IF	UNDER 1 YEAR IF UNDER 24 HRS.
	mal w with by bive	ORCED 🔲	Jan 20 18	95 lost birthdoy) M	Aonths Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINI during most of working life, even if retired)	SS OR INDUS	STRY 11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY
	Farmer (Tobacco) Own Fa	rm	ma	myl end	Con. U.S.A
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
	Chule ann Vaid		Jenles	ann .	7404 Winterman
	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY (If yes, no, or unknown) (If yes, give wor or doller of service) 1578-54-9		NFORMANT LOUS F	Schnel	ville, M
	1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), one	d (c).]			INTERVAL BETWEEN
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) My 0 C	endud	Infection		ONSET AND DEATH
	14'do, / DUE TO				
	Conditions, if ony, which) (b) Denerally	Carl	Es-Voselin Rem	e athermalini	gro
	gove rise to immediate OUE TO				0
	lying couse lost. (c)	East 2			
7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER	O DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN	IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJU	RY OCCURRED	O. (Enter noture of injury in Po	ort I or Port II of item 18.)	The Later of the L
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e. PLA	ACE OF INJURY (Home, farm, tory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	p.m. 19 of work of work]			
	21. I certify that I attended the deceased from.	uly	, 19 55, to Je	ine 10, 1958,1	hat I last saw the decease
	alive on 6-9 , 19 58 , and	that death	occurred at 6:30A	M, from the causes and	on the date stated above
			A	DDRESS (Street, city or town, sto	DATE SIGNE
	SIGNATURE) whome I Dale	~ 1	M.D	Sindyun	h = 6/10/58
1	PHYSICIAN'S RICHOLD & KO ?	Johnson	ß	man de h	rl .
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF REMOVAL (Specify)	CEMETERY OF	R CREMATORY	22d. LOCATION (City, town, or c	ounty) (Stote)
	Burial 6/13/58 Cedar	H111	Cematery	Suitland.	Md
	23. FUNERAL DIRECTOR'S SIGNATURE Ritchie Bros. Upper Marlboro	Ma	240. REC'D	BY REGISTRAR 246 REGISTR	AR'S SIGNATURE
	Ritchie Bros. Upper Marlboro	, Md.	DATE JU	N 1 6 '58 Clly	-educh

	TARGET TO THE CRITICAL OF DEAT
	THE RESIDENCE OF THE PARTY OF T
* * *	
* 1	otves to a second
	To the second of
¥ 1 1 1 44 ~ 44	To the second se
	Tvou-10-07'd
	A PART OF THE PROPERTY OF THE PROPERTY OF THE PART OF
	And the control of th
	And the second s
	And the control of th

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 7209 CERTIFICATE OF DEATH director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince George's o. STATE Maryland b. COUNTY MARYLAND haurs after death. b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Oxon Hill 44 years Oxon Hill d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 5414 Livingston Road S.E. 5414- Livingston Road S.E. NAME OF Middle 4. DATE DECEASED OF DEATH NICHOLAS PETT June 12th. (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years last birthdoy) 8. DATE OF BIRTH Male White Oct. 2- 1884 DIVORCED T WIDOWED [papers. 1007 USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) death. during most of working life, even if retired) Truck Gardner Own Germany pup carbon ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Hubert Pett Teresa Schrieber move 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Mrs. Elizabeth L. Pett -5414- Livingston RD. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ā PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any Conditions, if ony, which gave rise to immediate **DUE TO** couse (o), stoting the underlying couse last PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ELECTION OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE GE INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED factory, street affice bldg., etc.) 0. 11. at work 1950 that I last saw the deceased 21. I certify that I attended the deceased from and that death occurred at \$2:30 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL 3800- South Cap. Street Wash., DO 6/12/5 8 TO FUNERAL DII PHYSICIAN'S MAX FELDMAN 22b. DATE THEREOF BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) June 14- 58 Cedar Hill Cemetery Suitland, Maryland.

1661 Good Hope Rd. SE Washington, D.C.

24a. REC'D BY REGISTRAR

DATEJUN

Reg. Dist. No

Prince Geo's

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED? YES NO IN

(State)

(State)

12. CITIZEN OF WHAT COUNTRY?

Days

USA

(County)

245. REGISTRAR'S SIGNATURE

e. IS RESIDENCE

ON A FARM?

YES NO

19

58

23. FUNERAL DIRECTOR'S SIGNATURE

	SHUTTER STATES	MINATEURIALE		
The second second			7209	
e sel sonivi	and year			
	1415 porc	and the state of t		Cion II
ten limit had hear	ministration of the state of th	e	Livingston Rend	-4745
d leek, Tome leek,	THE		MICHINE	
	467 = 150		ed 2009	Male
ALC:	vita ref		Vacibility	
	Tarose Beinia		Hell	\$1000ti
Pett - Mile Livingston ful	. 1 Tenter 1 Ta	Simally 1050 I		
w coming to the first	Charles and the	James D		
2000	Contented to			
			Orania distance of	
The second secon	A SECURIOR OF THE PERSON NAMED IN	29.77.1	instantant	3
I i se village	I let a let a let	Mars Have Visit talks		
60 101 -2	HOS 20	11 1001 33	01 3	
Store Steen Seems of Store	July Berch Beitch	Character Mil	1 1 in E. In	
			PARTY IS ALL	Carry Stage
Taken Ta		fill unec	85 -M serie 10	7.5.5
Standard Common	e dd - Clark	learning the	The North Assets	

TEATHIRE ACTOS HATE MAIN PERAM

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death, A certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy death certificate assembly should be detached for use as a burial transit permit.

13

15 (1

I

15

0 (1

2

2.

DATE

(2114) 4 p 166

VS A15C 1-55 10M. 2.

After this

hours lafter death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CEDTIEICATE

07179

/43 / CERTIFICATE	Reg. Dist. No
1. PLACE OF PEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	No of Do
COUNTY Truce Glange MARYLAND	STATE / Canplantounty / glange
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY (Il outside corporate limits, write RURAL and give nearest town) OR
OR and ove neerest town (in this place)	TOWN
HOSPITAL OR	STREET / (If rural give location)
INSTITUTION OR STREET ADDRESS Poland Memorial Harl.	ADDRESS 417 Lamel are.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Harry Stellman	Phelps DEATH June 9 195 8
S. SEX 6. COLOR OR WIDOWED, DIVORCED, (Specify) 8 DATE O	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Deys Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS /	11. BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if OR INDUSTRY	COUNTRY?
retired leak 15 VC/ Rankoal	Maryland 1 USH
13. FATHER'S NAME	14. MOTHER'S MAJOEN NAME
Charles Phills	Sprille Semelle
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS 4: 7 Layer 1
(Yes, no, or unk.) (If Yes, give wer or deles of service)	M. CO SI DI
Mr.	This the Daper Kantiel the
I DISEASES OR CONDITIONS DIRECTLY LEADING DEATH	INTERVAL BETWEEN ONSET AND DEATH
1120 / IMMEDIATE CAUSE (A) WWW Carely	al Augustian theat
ANTECEDENT CAUSE(S) DUE TO	To M. M. S.
DISEASES OR CONDITIONS, IF ANY, (B)	I a course the money
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	All I The
SIAMING CHOCKETHING CAUSE EXST. (C)	Lebrus alun
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING 1	: 10 11 21
TO THE DEATH BUT NOT RELATED TO THE DISEASE OF CONDITION CAUSING DEATH.	Shoughly south & Saland
198, DATE OF OPERATION 196, MAJOR FINDINGS OF OPERATION	20. AUTOPSY
a been weed a	YES NO TY
21e. ACCIDENT WAS UNDERLYING \(\)\\ 21b. PEACE (Home, ferm, factory, OR CONTRIBUTING \(\)\ CAUSE OF DEATH \(\)\ OF INJURY street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	The transfer and the second of
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21a. INJURY OCCURRED Not while at work at work	211. HOW DID INJURY OCCUR?
	105 The Marie 10 STY about loss cours the decreed
22. I hereby certify that I attended the deceased from the land.	
	The causes and on the date stated above.
MIGHATURE	ADDRESS (Skeet, city, pwg, state) DATE SIGNED
Tracel & My Loud M.O.	June Mand Joine June 1/180.
23. BURIAL, CREMATION, DATE THEREOF WAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) (Shale)
During June K 1958 July Mel	I concelly fund, 11 auflan
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

SI BROWITSAG-HYBASH TO THIMYRAYED STATE CHARYED IN

DESTRICATE OF DEATH

	Good Chang to		
	S. Carrier		
	ningy artists		Empe
40000000000000000000000000000000000000			
e sos ultimo ber baggi di ma angli di di digando	BONNESS AND S		COAC See See

A CONTRACTOR OF THE PARTY OF TH

MARYLAND	STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18
7159	CERTIFICA	ATE OF DEATH
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution o. STATE b. COUNTY b.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cheverly	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporole limits, write RURA /5 W. Hyattsville
d. NAME OF HOSPITAL (If not in hospital, give street	oddress)	A CTOSET ADDRESS

Reg. Dist. (17180)

1. PLACE OF DEATH			2. 1	SUAL RESIDENCE (W	here decease		on: Residen	ce before odn	nission)
o. COUNTY Prin	nce Georges	MARYL	AND	. STATE Mary	rland	b. COUNTY	rince	Georg	e s
RURAL ond give	(If outside corporate limits, nearest town)	write c. LENGTH OF STAY II		CITY OR TOWN (IF			URAL ond	give nearest to	wn)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give		1	d. STREET ADDRESS	24ht			ON	RESIDENCE A FARM?
3. NAME OF	First					Ave.		1123	
DECEASED		Middle		Lost	4. DATE OF	Mor		Day	Yeor
(Type or print)	Lawrence			Phelr	DEATH	ยน		20	19 5
5. SEX		MARRIED NEVER MARRIED		Sept. 18	306	9. AGE (In years lost birthday) 61 yrs.	Months Months	Days Hour	
10a. USUAL OCCUPAT	ION (Give kind of work done	e 10b. KIND OF BUSINESS OR	INDUSTRY			country)	12. CIT	17 FN OF WH	AT COUNTRY?
during most of wo	orking life, even if retired)					7/	1		AT COUNTRY
13. FATHER'S NAME		Carpenter		Ohio				U.S.A	
IS. PAIRER S NAME			14.	MOTHER'S MAIDEN	NAME				
	orge Phelps			Lil	a Wo	odworth			
1S. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCES		17. INFOR	MANT INAM	18 11	∢ Add	ress		
No	(if yes, give war as dates of savice		Lawre	mca Phal	ns-6	630, Rigi	ra Ma	nor, H	tette M
18. CAUSE OF DE	ATH Enter only one couse	per line for (a), (b), and (c).]	The state of the s	. /	-100			INTERVAL	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Coreno	my ?	1 Esoples	gus	924th.	DT.	ONSET AN	
150×	DUE TO		1						
Conditions, if	ony which)							13.00	
gove rise to	immediate								
couse (a), stating									
lying couse lost	- / /-								
PART II. O' 20a. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEAT	IH BUT NOT	RELATED TO THE TERM	IINAL DISEAS	SE CONDITION GIV	EN IN PART	PERI	FORMED?
20g ACCIDENT W	AS UNDERLYING CT 20	b. DESCRIBE HOW INJURY OC	CHIPPED /F-	ar action of injury in	Post Los Pa	at 11 of item 10 \		163 [
	VAS UNDERLYING (1) IG (1) CAUSE OF DEATH Y MEDICAL EXAMINER)	, DESCRIBE HOW INJUST OC	CORKED. (EII	er notore of injory in	ron tor ra	ri tt or iiem 16.			
20c. TIME OF INJU Hour o. m. p. m.	10	20d. INJURY OCCURRED While NoI while at work Ot work	Oe. PLACE C foctory,	F INJURY IHome, forn treet, office bldg., etc	m, 20f. (Cit	y or town)	(C	County)	(State)
21. I certify t	that I attended the de	eceased from 3/30	1/58	. 19 to	6/20	158 19	that I I	ast saw th	e deceased
alive on	6/19/58		/	urred ot 5.00A	//	/ '/			
01110		, and mar c	sedin occ	nied distanti		itreet, city or town,			DATE SIGNED
ACTUAL SIGNATURE	Fronge Wu	Class Ware	M.D.		ABORESS (ineer, city of lown,	sidie)		DATE SIGNED
PHYSICIAN'S NAME (Type)									
220. BURIAL, CREMATION OF THE REMOVAL (Specify		8 22c HAME OF CEMES	TRY OR CRE	MATORY	22d. LOC	alghicity, lown,	or county)	PIST	tole)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		240, PFC	D BY REGIS	TRAR COAL PEGIS	STRAR'S SIG	MATURE	
Tennis	1 Nous	m - 2831-	En	DATE PACE	2 By 158's	Cele 1	OALLA		
I describe the	100 / 1/100	10011	TAL	DAIL		4 - 11 -	and i	A	

The control of the co			
The course of th			
The control of the co			
		- Company	
	TILIORE LA PORT		
	ow male	Total 6	
			e e

V	1.	PLACE OF DEATH 2. COUNTY		2. USUAL RESIDENCE (Who o. STATE			ce before admission)
1.		Prince Georges M	RYLAND	D. C.	Ь. СС	YINU	
组)		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	h and	c. CITY OR TOWN (If or	stside corporate limits,	write RURAL and g	give regrest town)
/		Glenn Dale (rural) 29 day			ngton	47x-	3
08		d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE
		Glenn Dale Hospital		1417	9th St., N	. W.	YES NO
	3.	NAME OF First Mid		Last	4. DATE OF DEATH	Month	Day Year
		(Type or print) Theodore J.		Pollard		6	19 19 5
	M	6. COLOR OR RACE 7. MARRIED NEVER MA REYNORMAL NO. 10 NO.	作品3.	2/27/21	9. AGE (In lost birth		1 YEAR IF UNDER 24 H Days Hours Min
		. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Jessie B	or industradfor	RY 11. BIRTHPLACE (Stote of Virgini	or foreign country)	12. CIT	ZEN OF WHAT COUN
-	13.	FATHER'S NAME	7/1-1	14. MOTHER'S MAIDEN N	AME		
		George Pollard		Ella Dade			
	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY Yes 1943 - 1945 579-12-28		ormant Decedent		Address	
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and					I INTERVAL RETWEEN
- 66		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Pulmona		nrha co			INTERVAL BETWEEN ONSET AND DEATH
	7	DUE TO	, Isome	711 mgc			
15		Conditions, if ony, which) (b) Pulmonar	y tube	erculosis			5 yrs., 9
154		gove rise to immediate Couse (a), stating the under-	244.01				7 3 2 2 3 7
	2	lying couse last. (c)					
2	O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERMIN	NAL DISEASE CONDITIO	ON GIVEN IN PART	1(a) 19. WAS AUTOPS
de	FICATION	Cor pulmonale					YES NO
	CERTI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED.	(Enter nature of injury in Po	ort I or Port II of item	18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. js. 19 20d. INJURY OCCURRED While Not while of work of work	20e. PLAC focto	E OF INJURY (Home, farm, ry, street, office bldg., etc.)	20f. (City or town)	(C	ounty) (Sto
	2	21. I certify that I attended the deceased fram.	11/2]	. 19_58, to	6/19 , 1	9_58, that 1 1	ast saw the decea
		alive on 6/191, / 1958, and th	at death a	occurred at 11:53/	M, fram the cau	ses and an th	e date stated abo
5-7-		AIN IN			DDRESS (Street, city or		DATE SIG
1	F	ACTUAL SIGNATURE WWW.	м.	o. Glenn D.	ale Hospita	1	6/19/1
	H	PHYSICIAN'S NAME (Type) Moe Weiss. M. D.		Glenn D	ale. Md.		
	220	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF C	-11 -01	CREMATORY	22d. LOCATION (City.	town, or county)	(State)
		swint" 6/24/58 arlingto	11/11/11	000	Con Venne		1/1
	1		MILANO	not Countery	unung	ion	VO-
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1 2		BY REGISTRAR 246	REGISTRAR'S SIG	- /

CONTRACTOR CONTRACTOR A STANDARD OF STANDARD OF - ment of the second seco MUNICIPAL STATES OF THE SECOND MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	CATE OF BEATH		
	.ft sadavil The	* The state of the	
	AND THE PROPERTY OF THE PARTY O		
The Art of the State of the Sta			
	Toragon -		

M

00

I

MARYLAND STATE DEPARTM	MENT OF HEALTH—BALTIMORE, 18
7211 CERTIFICA	ATE OF DEATH Reg. Dist. NO. 7183
1. PLACE OF DEATH O. COUNTY RINCE GEORGE MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY INCE EEORGE
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest lawn) LAUREA LIFE	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) X RURAL LAUREL
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	1 STREET ADDRESS SANDY SPRINT ROAD 6. IS RESIDENCE ON A FARM? YES NO NO
3. NAME OF DECEASED (Type or print) CHARLES ELMER	PRITCHARD 4. DATE OF DEATH JUNE 7 1958
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH FEB 2,1886 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER BRULDINE	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME CHARLES ALBERT PRITCHARI	14. MOTHER'S MAIDEN NAME SARAH & ARRISON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 17es, no. or unknown) 17 (If yes, give wor or dates of service) 219-05-7189	WIFE- HELEN E. PRITCHARD-SAME ADDRE
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) ENERAL 12	ED CARGINOMATOSIS INTERVAL BETWEEN ONSET AND DEATH.
Conditions, if any, which gove rise to immediate caese (a), stating the underlying cause lost. DUE TO (b) Carcinoma (c)	of gancreas. 6 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU ATTERIOS CETOSIS RESIDU 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	ED. (Enter noture of injury in Part I or Port II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the control of the c	LACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) actory, street, office bldg., etc.)
21. I certify that I attended the deceased from Maar alive an MINE 2, 1958, and that death	h accurred at 6 M, from the causes and an the date stated abave.
ACTUAL SIGNATURE SA R Buelle	M.D. 402 Main St - Laurel and 6/7/58
PHYSICIAN'S JOHN R. BUELL	
220. BURIAL EREMATION, 220. DATE THEREOF 22c. NAME OF CEMETERY COMMENCE	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Law	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE DATE 10 16 58

		1002 = 60 T
		officer 1 to

VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	HEARD TO ST			
		THE PLAN		
		156	N. 6.9.	Trestan ,
The Court of the C				
		AND DE COL		

D DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If an execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to 4 shauld be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be 5 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages, 1 and 2 with for its designated agent, prior to burial, cremation, or remayal, and in any event within 72 haurs of TO DEPUTY MEDICA 4 should be forw

FOI	R ST	A P
the funeral director. Page retained for files.	the State Boar St. Health,	N 7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

17104

		7162 MI	DICA	L EXAMIN	IER'S	CERTIFICA	TE OF	DEATH	Reg. I	Dist. No		
	PLACE OF DEATH	rince Geor	705	MAR	YLAND	2. USUAL RESIDENCE (V		sed lived. If institu b. COUNT	Y -	dence be		ission)
	o. CITY OR TOWN (II	autside corporate limits, writ	RURAL	c. LENGTH OF STAY	Y IN 16	c. CITY OR TOWN (I		porote limits, write	-	-	-	wn)
	Chever					15 Hyatts	ville					
	d. NAME OF HOSPITA	AL OR INSTITUTION	tf not in ho	spitat, give street addre	ess)	d STREET ADDRESS						ESIDENCE A FARM?
		orges Gene	ral H	ospital		4206 De	catur	Street] NO
	NAME OF DECEASED (Type or print)	Alice		Middle Witner	Ric	Lost	4. DATE OF DEATH	June	י	Doy		7eor 19 58
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	ED 🔲 8. (DATE OF BIRTH		9. AGE (In years	-	T.J.		ER 24 HAS
3	Female	white	WIDOWE	D DIVORCED		2-12-1875		82 yrs.	Months	Days	Hours	Min.
100	. USUAL OCCUPATION	N (Give kind of work		KIND OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote	or foreign	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	Housewife		0	wn Home		New York	State			U.S	.A.	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME					
		Witmer				E	Clizabe	eth King				
15.		R IN U. S. ARMED FO		SOCIAL SECURITY NO). 17. INF	ORMANT		Address				
					Ma	rgery Cunni	ngham	same ad	dress	3 28	#2.	
	The state of the s	H [Enter only one count was CAUSED BY:	use per line								T AND DE	
	20 17 5 .1	IMMEDIATE CAUSE (0	-	Acute c	onges	tive heart	failu	re				
	44 de X	DUE TO		Condia	ra e en 1	ar renal di	CANCA					
	Canditions, if ar	iote couse		ONTULOV	abeul	at Tenat ut	.50850					
	(o), stating the u											
Z		FR SIGNIFICANT CON		ONTRIBUTING TO DEA	TH RUT NO	T RELATED TO THE TERM	INIAI DISEAS	E CONDITION CIV	TALIAL DA	D7 1/ 1/1	0 11106	ALIZOREN
CERTIFICATION	7881 11, 000	ER STOTHITTEANT CON	DATIONS C.	JIVINGOTINO TO DEA	117 001 110	TREEATED TO THE TERM	IIINAL DISEAS	E CONDITION GIV	EN IN PA		PERFO	RMED?
CERTIF	PRIMARY OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING []	b. DESCRIB	E HOW INJURY OCCU	JRRED. (Ent	er noture of injury in Por	t I or Port II	of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour g. m. p. m.	Y Month, Doy, Yes	Whil		20e. PLACE factory	OF INJURY (Home, form r, street, office bldg., etc.	n, 20f. (City	y or town)	(Co	ounty)		(State)
	21. I certify th	ot I took charge	of the	remoins describe	d obove	, held an Autops	у 🗍, 1	nspection 🔂	Inqui	ry X	an	d in my
	opinion deoth	resulted from: 1	Notural	causes 🔂 Acci	ident [, Suicide ,	Homicide	. Undeter			-	
	ACTUAL SIGNATURE	hm J.º	Ma	loney		M.D. CHIEF MEDICAL EX	XAMINER [DATE S	IGNED
	EXAMINER'S NAME (Type) J	ohn T. Malo	mev.	M.D.		ASSISTANT MEDIC DEPUTY MEDICAL		T-	une l	4, 1	1958	
220	BURIAL CREMATIO	N. 226. DATE THEREC		22c. NAME OF CEME	TERY OR CI			TION (City, town, o			(State	-
~	REMOVAL (Specify)	6/16/50		t hall		"nomo t ony					(31011	"

Lincoln Crematory

ADDRESS

Hyattsville Maryland.

Colmar Manor, Md.

246 REGISTRAR'S SIGNATURE

JUN 1 6 '58

VS. ATSME 5M 2/57

6/16/58

Cremation

23. FUNERAL DIRECTOR'S SIGNATURE

Gasch's Sons

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar Health, or its designated agent, prior to burial, cremation, or removal, and is any event within 72 hours after death. I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

07188

		7163 ME	DICA	L EXAMINE	R'S	-26-58 et	E OF	DEATH	Reg. Di	ist. No.	
1. P	LACE OF DEATH					2. USUAL RESIDENCE (W	here decea				
0	. COUNTY	Prince Ge	orges	MARYLA	AND	Maryland		b. COUNT	rince	Ged	orge's
b.	CITY OR TOWN (If a	utside corporate limits, write		c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (IF	outside cor	porate limits, write	RURAL and	give ne	earest town)
	Chever	Ly		D.O.A.		Brentwood		34			
d.		orges Gene		spital, give street address)	4	d. STREET ADDRESS 1552 41 st.	Ave.	./			e. IS RESIDENCE ON A FARMS YES NO
3. N	IAME OF	Fir		Middle	- 51	Lost	4. DATE	Mont	h	Doy	Yeor
	PECEASED Type or print)	ARGARET		ROB	ERTS	SON	DEATH	June		18	8. 19 58
5. SI	EX	6. COLOR OR RACE	7. MARRII	ED NEVER MARRIED				9. AGE (In years	IF UNDER	IYEAR	IF UNDER 24 HR
	Female	Colored	WIDOWE	4		2 Oct. 1909		lost birthday) 48 yrs.	Months	Days	Hours Min.
10a.	USUAL OCCUPATION	N (Give kind of work life, even if retired)	done 10b.	KIND OF BUSINESS OR IN					12. CITI	ZEN OF	WHAT COUNTR
-	Domest:	ic				Maryla				U.S.	Α.
13.	FATHER'S NAME	1/	-11		1	4. MOTHER'S MAIDEN N					
			ckab			Marth	a Hav				
15. Yes.		R IN U. S. ARMED FO If yes, give war or dates of		SOCIAL SECURITY NO.		nel Boswel	1; s	Address same addi	ress	as #	<i>4</i> 2
7	Conditions, if on gove rise to immediately, stating the uncause lost.	ate couse nderlying DUE TO		ONTRIBUTING TO DEATH	BUT NO	I DELATED TO THE TEDAM	AIAI DICEAC	E COMPLIAN CI	ICAN IAI DA M		WAS AUTORS
CERTIFICATION				· 10. · · ·					TEN IN TAK		PERFORMED?
	PRIMARY OF CONCAUSE OF DEATH.	TRIBUTING []	b. DESCRIBI	E HOW INJURY OCCURRI	ED. (Ente	r noture of injury in Part	I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	White		PLACE	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City	y or town)	(Cou	inty)	(State)
	21. I certify the	at I toak charge	of the	remains described	above	, held an Autapsy	Mo !	nspection X,	Inquir	у 🔀,	and in m
	apinion death r	esulted fram: 1	Vaturol o	causes 17, Accide	ent 🗍	, Suicide , H	lamicide	. Undete	rmined n	nonne	
	ACTUAL SIGNATURE	ohn J.9	Ma	loney		A.D. CHIEF MEDICAL EXA	AMINER [DATE SIGNED
	1					ASSISTANT MEDICA	L EXAMINE	R			
	EXAMINER'S NAME (Type)	John T. Ma	loney	y, M.D.		DEPUTY MEDICAL E	XAMINER 1	k Jui	ne 18	, 19	958
220.	BURIAL CREMATION REMOVAL (Specify)	1, 226. DATE THEREC	58	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	On.	(State)
23.	FUNERAL DIRECTOR'S	SIGNATURE DE	tric	T Morticis	MY.	Mon DATE	BY REGIST	FAR 245. REGIS	STRAR'S SIG	NATUR	E
7					1		JUN 2 ('58 (P	1260	we	4

VS. ATSME 5M 2/57

Indicad Intened control achief the utilities are fortunated from the contract of the second of the seco The world Dennish denimary, out factors The granden A men Mandall BOOK WINGSTELL

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boar Health, or its designated agent, prior to burial, cremation, or remayal, and in any event within 72 hours after death. TO DEPUTY MEDICAL

2

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07189 7164MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	PLACE OF DEATH O. COUNTY O. STATE D. COUNTY D. COUN
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
1	and give no millionin) Cherry Las DOA Washington
1	d MAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
-	NAME OF DEIST MIDDLE SING NOW YEAR MIDDLE SING NOW YEAR
3	NAME OF DECEASED (Type or print) Velson Frences Rodger DEATH 6-21- 1958
50	6. COLOR OR RACE NEVER MARRIED NEVER MARRIED S. DATE OF BIRTH 9. AGE (in years lost birthday) WIDOWED DIVORCED S. DATE OF BIRTH 9. AGE (in years lost birthday) WIDOWED DIVORCED S. DATE OF BIRTH 9. AGE (in years lost birthday) 3. The state of the
1	00. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY?
1	None 9-C, 4.5.4.
	3. FATHER'S NAME
1	5. WAS DEVEASED EVEN IN U. S. ARMED FORCES 16. SOCIAL SECURITY NO. 17. INFORMANT Address
1	yes (If you give war or days of service) Catherine Rodgers-Tanham, Mid
	18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).]
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Con any Insufficiency
	420.1 DUE TO 01-10
	Gonditions, if any, which gave rise to immediate cause (b) Goldovas Civilar renal distance
	(o), stoling the underlying DUE TO
1	
	YES NO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. CAUSE OF DEATH.
	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while at work of work 19 at wor
	21. I certify that I taok charge af the remains described above, held an Autapsy . Inspection . Inquiry . and in my
	apinion death resulted fram: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner
	ACTUAL SIGNATURE AND CHIEF MEDICAL EXAMINER DATE SIGNED
	EXAMINER'S JOHN T. MALGALE 4 DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 2211958
2	20. BURIAL CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR SESSINGUE 22d. LOCATION (City, town, or county) (State)
	Burial 6/25/58 Arlington National Arlington Virginia
2	9. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 3.46. REC'D BY R
	F. Gasch's Sons Hyattsville Maryland. DATE JUN 2

THE MESSIVAL EXPLANABLES CERTIFICATIONS DEATH Of the man in the state of the

THAT HOT

FOR STATE HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Thealth, and it designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours after death.

-	-	
VS.	A15ME	
54	A 2/57	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07190

1100		Keg. Dist. No.
1. PLACE OF DEATH		here deceased lived. If institution: Residence before admission)
Annee Seeses	MARYLAND O. STATE 'Man	islamed b. COUNTY Pinice Sinces
by CITY OR TOWN (It authors corporate limits, write RURAL and give nearest lawn)	TH OF STAY IN 16 C. CITY OR TOWN (IF o	oftside corporate limits, write RURAL and give nearest town)
Cheverly &	-O.G. X Colass	manna
d. NAME OF HOSPITAL OR INSTITUTION (IL not in hospital, give	pl. STREET ADDRESS	Kenmont Road ON A FARM? YES NO ST
3. NAME OF DECEASED	Middle Last 4	4. DATE Manth Doy Year
(Type or print)	uph- Kounskie	DEATH DEATH 14- 1938
5. SEX 6. COLOR OR RACE 7. MARRIED NE	VER MARRIED 8. DATE OF BIRTH	9. AGE IIN yours IF UNDER TYEAR IF UNDER 24 HRS.
Male White WIDOWED !!	DIVORCED [7-41-190	07 50 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BU	USINESS OR INDUSTRY 11. BIRTHPLACE (State of	or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	wance Wash	motor DC PLSG
13. FATHER'S NAME	14. MOTHER'S MAIDEN NA	IME O 1-1
Madine Par Kozmski	Janne	Stetmiele
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SE	CURITY NO. 17 INFORMANT	Address
377-	07-2100 grander 14	osmski - Jame adolus
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b),	ond (c),]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ute concertive	heart lastine
1442X DUE TO	1 0	1
Conditions, if any, which) (b)	disversentar ren.	al disease
gove rise to immediate couse (a), stoting the underlying DUE TO		
couse lost. (c)		
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IG TO DEATH BUT NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO [5]
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	JURY OCCURRED. (Enter nature of injury in Part I	ar Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC		20f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OC While No of work of of work of the state of	work factory, street, office bldg., etc.)	
21. I certify that I took charge of the remains		, Inspection Inquiry , ond in my
opinion death resulted from: Notural causes		omicide . Undetermined monner
0		
SIGNATURE John D. Alaborer	M.D. CHIEF MEDICAL EXA	MINER DATE SIGNED
	ASSISTANT MEDICAL	LEXAMINER D
NAME (Type) JOHN T. MALON	CY, M.D. DEPUTY MEDICAL EX	(AMINER) 191(130
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAM	E OF CEMETERY OR CREMATORY	22d. LOCATION (City, lown, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE ADDI	A .	BY REGISTRAR 24b. REGISTRAR'S SIGNATURE /
74 0 000	5-14 88 NW DATE	JUN 1 7 '58 (lle Cerue)

wash. P.C.

FOR STATE HEALTH DEPT.

M

LAC

*200	Reg. Dist. No.
I. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Prince George's MARYLAND	o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write EURAL and give negres) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Cheverly, Maryland D. O. A.	25 East Riverdale, Md.
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Pringe Georges General Hospital	d. STREET ADDRESS 6200 54th Place, e. IS RESIDENCE ON A FARM? YES NOW
3. NAME OF First Middle	
(Type or print) MILTON MILLER R	ROUZEE Month Doy Year OF DEATH June 7, 19 58-
male white WIDOWED DIVORCED D	Dec 14, 1907 9. AGE (In years lead birthday) 50 yrs. IFUNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if ratired) Chauffeur American Red Cross	Washington D. C. U.S.A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Robert Rouzee	Emma Repetti
IV	eraldine M Rouzee East Riverdale, Md.
Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause tast. (b) Canchavas ent	stre Heart Tanline Par renal disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	inter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED Factor of work of wo	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State) ory, street, office bldg., etc.)
21. 1 certify that I took charge of the remains described abortant apinion death resulted from: Natural couses . Accident	
SIGNATURE John J. Waloney	_M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER O ASSISTANT MEDICAL EXAMINER O
EXAMINERS John T. Maloney , Mrs .	DEPUTY MEDICAL EXAMINER (5)
220. BURIAL CREMATION, REMOVAL (Specify) Burial 6/9/58 220. NAME OF CEMETERY OR Fort Lincoln	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAL'S SIGNATURE
F. Gasch's Sons Hyattsville, Mary	Tomas A A IFO I I AAA I

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7166 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07191

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours offer deoth. If any delay is necessary, please execute the certified as writing the ward "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be forwered to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard Health, or its designated agent, prior to buriof, cremation, ar removal, and in any event within 72 hours after death. VS. AISME

BM 2/57

2

		es un reco	
			Villa et al.
The processor of			
	THE PARTY OF THE PARTY OF THE PARTY.	ion. Pillerate it	and shilling six.

VS A15 (4) 15M 10/57

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMO	RE, 18
7.4	- 39	dia. Minit	Claude ad	

07192

7167

M

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY									
LITI	ce George		MARYLAND	2. USUAL RESIDENCE (o. STATE Marylai	_	d lived. If institution b. COUNTY	ince g	orges	nission)
b. CITY OR TOWN RURAL and give		c. CITY OR TOWN (e nearest to	wn} ✓		
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital,			d. STREET ADDRESS	Llmeade	Bowle,	-Md	10	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fi	nders	Middle	Lost	4. DATE OF DEATH	Man		Day	Year
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years last birthday)	Months Do	YEAR IF UN	
10a. USUAL OCCUPA		done 10h k	KIND OF BUSINESS OR INDU				12. CITIZE	N OF WH	AT COUNTRY
3. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				
15. WAS DECEASED E	VER IN U. S. ARMED FOR		OCIAL SECURITY NO. 17.	Geraldin	e Sande	Addr	ess		
Conditions, if gave rise to couse (a), statin lying cause las	ony, which immediate ag the under-	o) o	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TEI	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1	(p) 19. WA	S AUTOPSY
PART II. C	OTHER SIGNIFICANT CON								FORMED?
20a. ACCIDENT	OTHER SIGNIFICANT CON WAS UNDERLYING ING CAUSE OF DEATH FY MEDICAL EXAMINER)		RIBE HOW INJURY OCCURRE	D. (Enter nature of injury	in Part I or Part	t II of item 18.)			NO NO
200. ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIF	WAS UNDERLYING UNG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day. Yes	20b. DESC	JURY OCCURRED 20e. PI	D. (Enter noture of injury ACE OF INJURY (Home, foctory, street, affice bldg.,	orm, 20f. (City		{Соч	YES	
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJI Hour a, m p. m	WAS UNDERLYING UNG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day. Yes	20b. DESC	JURY OCCURRED 20e. PI Not while of work d fram.	LACE OF INJURY (Home, fo	orm, 201. (City etc.)	or town)	,that I las	res ((Stote)
20a. ACCIDENT VOR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJU- Hour a. m p. m 21. I certify alive an	WAS UNDERLYING NG CAUSE OF DEATH FY MEDICAL EXAMINER) URY Month, Day. Ye 19	20b. DESC	JURY OCCURRED 20e. Photo work of fam. June 20	ACE OF INJURY (Home, foctory, street, office bldg.,	Openee ADDRESS (SI	or town) 1958 1 the causes a	,that I las	res ((Stote) e deceasedated above
20a. ACCIDENT VOOR CONTRIBUTING (IF EITHER, NOTIL) 20c. TIME OF INJIT Hour a. m. p. m. 21. I certify alive an	WAS UNDERLYING NG CAUSE OF DEATH'S FY MEDICAL EXAMINER) URY Month, Day. Yes. 19 that I attended the Bertha Vang Bertha Vang TON, 22b. DATE THEREO (Y)	20b. DESC	JURY OCCURRED 20e. Photo work of fam. June 20	ACE OF INJURY (Home, fictory, street, affice bldg., 5, 1959, ta., accurred at 3 I	Jene 201. (City detc.) Jene 201. (City detc.) Jene 201. (City detc.) Jene 201. (City detc.)	or town) 1958 1 the causes a	,,that I las	res YES Introduction of the state of the	(Stote) e deceasedated above

			MINITERNAT
	HTARG TO	CHURPICATE	
The Manager A			barbell audin
3 35		LI PERIODE LES	Free Transport
	A STATE OF THE STA		
		The state of the s	
		Tankovo Ilian	
	· Marie and American		
	Marian and Their ac		

FOR STAT HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificities, writing the word "pending" in pendi in them, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boot Health, ar its designated agent, prior to burial, cremation, or removal, and in any every within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7213 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07193

Reg. Dist. No.

•	1, P	LACE OF DEATH 2. USUAL RESIDENCE (Where degrased lived. Alf institution: Residence before admission)
	0	COUNTY June Georges MARYLAND O. STATE Menyland COUNTY COUNTY Comes
	b	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
/	ð	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS
0		8210 Indiented Higher 8210 Indiented Herry NO IN
	3. P	NAME OF PIEST AND A Lost 4. DATE Month Day Year C
	(Type or print) Nester Curry Jeath Jem 16 1958
	5. S	lost birthday) Months Droys Hours Min
	+	white who by divorced april 18, 1896 62 yrs.
		USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (Stole or faging country) White the stole of
	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
		William Hours alive yarner
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. ANTONOMINE Address Addres
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]
9		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Act to Compare the Compared to Control
		44X DUE TO CANAL TO THE TOTAL THE TOTAL TO T
		Conditions, if ony, which) (b) (andierrosaular rende disease
		gove rise to immediate couse (a), stating the underlying DUE TO
	7	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
0	CERTIFICATION	PERFORMED?
	FIC	YES NO POR NO PORT NO NO PORT NO PORT NO
	CERT	20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRIBUT
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	MED	Hour o. m. p. m. 19 of work of work
		21. I certify that I taak charge of the remains described above, held an Autopsy . Inspection . Inquiry . and in my
		opiniph death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
2		ACTUAL DATE SIGNED
		SIGNATURE SIGNAT
		EXAMINER'S JAMOS TBOIL & DEPUTY MEDICAL EXAMINER D D D D D D D D D D D D D D D D D D D
	220	BURIAL, CREMATION, 225. DATE THEREOF (22c. NAME OF CEMPTERY OF CREMATORY) (22d. LOCATION (City, 1940), or county) (5104)
		Burral June 18-58 Cedar Hell Suttend Incl
	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE
	<	Sommer Brod - 1601 ga Hope RG DATEJUN 17 '58 Cliffeduch
T		Zash oc X2

4 0

VS. A15ME

BM 2/57

07194

Rea. Dist. No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PrinceGeorge's c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) e. IS RESIDENCE ON A FARM? Box 164 YES TI NO X June IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours 12. CITIZEN OF WHAT COUNTRY? TI.S.A. Mrs Nellie Radtke. same INTERVAL BETWEEN CINSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 160/19. WAS AUTOPSY PERFORMED? NO 3 YES 🗍 (County) (State) Md. Inquiry V opinion de 🚮 resulted from: Natural causes 🧻. Accident 🔝, Suicide 🧻, Homicide 🖼, Undetermined manner 🗔 DATE SIGNED June 8. 1958 22d. LOCATION (City, town, or county) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE JUN 1 0

sales and a total of uping THE RESERVE OF THE PARTY OF THE No si en c. est Anedo est to remember our tone Bosephalante and Stational Department Design Chemical Phone penalty Contraction And Spring Demonstration of the fact of the second second Jane 6, 0.955 The state of the s

VS A15 (4) 15M 9/5S

00

8 Items 80 07195

	Keg, Dist. No.						
1. PLACE OF DEATH O. COUNTY Primes From SQLS MARYE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Prince Sage						
b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY I RURAL and give nearest town)	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o. IS RESIDENCE on A FARM? YES \(\) NO						
3. NAME OF DECEASED (Type or print) Diagree Middle	Stade 4. DATE Month Doy Year OF DEATH Jane 22 1958						
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	(ast birthday) Months Days Hours Min						
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OF during ment of working life, even if retired) SE CONSTRESS	R INDUSTRY 11. BIRTHPLACE (state or foreign country) 12. CITIZEN OF WHAT COUNTRY Lyged 13. A						
13. FATHER'S NAME	Savah						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17es, no. or unknown) (If yes, give wor or dates of service) 5-77-01-8383	Edna B. Cross, Brandywine, old.						
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	IONSET AND DEATH						
LA 2 2 DUE TO Canditions, if any, which) (b)							
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO Column Column							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq \text{NO}						
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at work 19 at work 1	20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.) (City or town) (Caunty) (State)						
21. I certify that I attended the deceased from May, 1957, to July 1957, to 1958, that I last saw the deceased alive an 1958, and that death accurred at 50 M, from the causes and on the date stated above							
ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ACTUAL ACTUA							
PHYSICIAN'S Frank A. Susay	87.S.						
220. BURIAL, CREMATION, 226. DATE THEREOF SC. NAME OF CEME REMOVAL (Specify) 6/25/58 SC. P.	TERY OR CREMATORY 22d. LOCATION (City, lawn, ar county) (State)						
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS HOWELL FUNERAL HOME, Waldo	240' REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE VA M J DATE 100 27 '58 100 28446						

H-HALTIMORE IS	MAINTAG THE	MITASSO STATE OF	AJYRAM .	
		CERTIFICA	101	
		District X		
	To her and			
The second constitution of the second constituti				
		La Salania and	Mary and the same of the same	

07196

Rea. Dist. No.

director, iled with filed 24 ond 5 papers. ond physician attending d

death.

after

certificate

death

ofter hours ony puo burial-transit remayal, ached DIREC pe should FUNERAL F poge 0

VS A15 (4)

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Prince George's MARYLAND Maryland Prince George's b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) 22 days Riverdale Riverdale d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 4501 Queensbury Road Eugene Leland Memorial Hospital NAME OF First Middle last 4. DATE Month Day Year DECEASED OF DEATH (Type or print) SHORT June 5. 58 REBA 19 5. SEX 6. COLOR OR RACE 7. MARRIED K NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years lost birthday) Months Days WIDOWED | DIVORCED T July 5 white 46 yrs Female 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if relired) own home U.S.A. North Carolina Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lella D. Hall William L. Peterson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records no 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Pater II of item 18.) S 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) Hour o. ft. While Not while of work p. m. 21. I certify that I attended the deceased from 19r2 A that I last saw the deceased and that death occurred at ______M, from the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL Riverdale Md June 27, 1958 PHYSICIAN'S NAME (Type) D R Purdie Riverdale Md. 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CHEMICAL 22d. LOCATION (City, town, or county) (Stote) REMOVAL_(Specify) Fort Lincoln Cemetery Colmar Manor. Md. 1958 30. Burial June 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville Md. DATE UN 3 0 '58

1.3			STATE OF THE STATE
I was to see a pilling and	elapsonia.		
		1 of the late	
and and			
	12 to 12 to 1		
	rufer marks	David Tilla	
	first a start		national Aligner Align
	annon destagetta		
			orace Jackson at all tents
	Parameter State of the State of		
	o march of 17. The total of the second of th		n pin topological factor ylimes 2 of the section of
(A) (A)			
Tel Changille			The same of the sa
		DE STILVELIA I	and a Zerusi - i

	THYANG ROSTA	
		weetsta on the second second second second
	Technologies (Charge y cold to the year at
		Twenty were at her bull a
	TO THE RESERVED	
		Company of the Compan
A b v		
	Minmit 182	
	erical and a second a second and a second and a second and a second and a second an	

CERTIFICATE OF DEATH Reg. Dist. No. director, filed with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY Q. STATE b. COUNTY MARYLAND death. b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR ZOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) P after d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO L = NAME OF First Middle DATE Manth Day Year DECEASED (Type ar print) DEATH 125 5. SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (in years lost Months Days Hours Min. DIVORCED [WIDOWED T YES papers. campl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) pup corban 13. FATHER'S NAME No. 14. MOTHER'S MAIDEN NAME physician mave a DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH a, PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) d mon DUE TO Py permit. Canditions, if any, which (b) gned gove rise to immediate DUE TO cause (a), stoting the underlying cause lost. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) 0. 11. While Not while of work at work p. m. 21. I-certify that I attended the deceased from that I last saw the deceased alive an and that death occurred at __ M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL a P PHYSICIAN'S NAME (Type) FUNES 22a. BURIAL, GREWATTON, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATOR 22d. LOCATION (dity, town, or county) page (Stote) REMOVAL (Specify) 0 23. PUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24bCREGISTRÁR'S SIGNATURE 300 JUN 3 0 VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A STATE OF STREET STREET, STRE the county of the transfer of the common of the little CONTROL OF THE PARTY OF THE PAR Contract of the Salar Street of

VS A15 (4) 15M 10/57

ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
---------	------------------	----------------------	----

7171 CERTIFICATE OF DEATH

07199

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Calvert							
	b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Chereby thrs	c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) Huntington							
7	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Prince George General Hospital	d. STREET ADDRESS 6 Brooks Lane e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)							
	3. NAME OF any First Jane Middle (Type or print) Baby Girl	Smart June 14 19 58							
1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 12 NEVER MARRIED 13 NEVER MARRIED 14 NEVER MARRIED 15 NEVER MARR	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Mayer Min. Min. Months Days Mayer Min. Min. Months Days Mayer Min. Min.							
1	10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY: Maryland							
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
	Clare Smart	Dorothea Veale							
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	HOSPITAL Acords							
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under-lying couse lost. Conditions (c) Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	n A the Al tentonic Clabelle-							
-	□ CONTRIBUTING LI CAUSE OF DEATH 1	PERFORMED? YES NO D. (Enter noture of injury in Port I or Port II of ilem 18.)							
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form, clory, street, office bldg., etc.) (City or town) (County) (State)							
	21. I certify that I attended the deceased from 14 1958, to 14 1958 that I last saw the deceased alive an 14 1958, and the deceased above ADDRESS (Street, city or town, slote) ACTUAL SIGNATURE M.D. 7309 P1665 RD PHYSICIAN'S								
	NAME (Type) A SO DATE THEREOF 22C. NAME OF CEMETERY O	OR CREMATORY 22d. LOCATION (City, town, or county) (State)							
1	Burial (Specify) 6/17/58 arlington	· National Cirlington, Va.							
٥	23 FUNERAL DIRECTOR'S SIGNATURE HOME ADDRESS MAB	DATE BRIM 1 9 '58 ON LEGUE'S SIGNATURE							

me

CARL PROPERTY OF THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	ADRIFIED
	STATE STATES STATES
THE WALL CO. LONG THE SERVICE OF SERVICE SERVICES.	Pounta sunga
80 08 3 58 E	The San South
100 100	
The Succession of the Line of	Towns The
Secr. T. Stairs - SUSH- Stillenes Con	
MAR DAN CO. Sent Sent Sent Sent State Sent Sent Sent Sent Sent Sent Sent Se	of the party of the series of
	Const. of the later of the second displicit

FOR STATE HEALTH DEPT.

號

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please, execute the certifiche, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be form PM3. To some PM3 may be retained for files.

A should be form PM3. Any pages 1 and be called the standard of a burial-transit permit. File pages 1 and 2 with the State Board. Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours after death.

0

16

2

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 6729

07201 *

				Keg. Dist. 140	0.		
PLACE OF DEATH O. COUNTY		USUAL RESIDENCE (\	Where deceased lived. If instit		efore admission)		
	MARYLAND	District of Columbia					
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)	STAY IN 16	c. CITY OR TOWN (II	f autside corporate limits, write	RURAL and give r	nearest town)		
Cheverly 1 hour		Washingt	ton	47x3			
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street ac	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?		
Prince George's General Hospital	2	1920 Ontar	rio Road		YES NO		
NAME OF DECEASED (Type or print) Stephen Van Renssele	0.1	tler	4. DATE Mont	_	Year 19 58		
SEX 6. COLOR OR RACE 7. MARRIED NEVER MAI	ARRIED 8. DAT	E OF BIRTH	9. AGE (In years	IF UNDER TYEAR			
10 9 11		ober 20,19	926 foil birthday) 31 yrs.	Months Doys	Hours Min.		
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS	S OR INDUSTRY	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN O	F WHAT COUNTRY		
during most of working life, even if retired) Mechanic Automobile		Georgia		U. S	. A.		
13. FATHER'S NAME Rensseleer	14.	MOTHER'S MAIDEN	NAME				
Stephen Van Brown Spitler		Rebecca	Harrell				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY	NO. 17. INFOR	MANT	Address				
Yes WW 11 579-30-267	79 Patr	icia Spit	ler, same as	# 2			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)	c).]				EVAL BETWEET		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hemorrhage	and sho	ock		ONS	ET AND DEATH		
835"X							
Cardition if any which \ Carushed ab	odomen						
gove rise to immediate cause							
(a), stating the underlying cause last.							
	DEATH BUT NOT P	ELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(0)	19. WAS AUTOPSY		
16-744-7- 7					PERFORMED? YES NO IN		
Multiple lacerations of head 200. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING D CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D Multiple lacerations of head. 20b. DESCRIBE HOW INJURY OF D CAUSE OF DEATH.	CCURRED (Enter	noture of injury in Por	t or fort II of item 18.)		KS NO		
200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OF DEATH.							
		The second secon		(County)	(Stote)		
A House of 6/7/ 58 While Not while	foctory, s	treet, affice bldg., etc.	.)				
			Upper Marl				
21. I certify that I took charge of the remains descri				, Inquiry	, and in my		
opinion death resulted fram: Natural causes [], A	Accident 22	Suicide,	Hamicide 🔲, Undete	ermined monne	er 🔲		
100	0				DATE SIGNED		
SIGNATURE DOMESTICAL STORY	- X	D. CHIEF MEDICAL EX	KAMINER [DATE STOTIES		
EXAMINES'S		ASSISTANT MEDIC	AL EXAMINER				
NAME (Type) / James I. Boyd		DEPUTY MEDICAL	EXAMINE J1	me 7, 19	58		
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CE	EMETERY OR CREA		22d. LOCATION (City, town,	or county)	(State)		
	gton Na		Arlington	V	irginia		
3. FUNERAL DIRECTOR'S SIGNATURE 755 MIS	sconsin	AV 0 240. REC	D BY REGISTRAR 246. REGI	STRAR'S SIGNATU	RE		
Robert A. Pumphrey Bethesda	Maryla	and DATE	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	showell	h		

Strings Seomer's August die verschie en et letter verschie no sar fuel - 2 and 2 Er Ince decitie to Course L Bose t L Schill Colors o Bose - 1 and 1 Para com a 2016 2 telototi trunca e para li co sella of deep land and the second at -alymet from the second of the second State and the court of the cour s'ordo bas ensilirordi. Anadigle Lacement on thesis, the obvious distributions, traden vity, and the complete of the company of the com nero begind fade no decta a b review . I will a ment and the second of the second o The state of the s in comments and the comment that the term of the state of t

FOR STATE HEALTH DEPT.

M

I

7217MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07202

Rea Dist No.

	The second secon	reg. L	7781, 140.
	O. COUNTY COMMENTER OF COMMENTANTE	2. USUAL RESIDENCE (Where deceosed lived. If institution: Resid	ence before admission)
	b. CITY OR TOWN (If outside corporals limits, while RURAL c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If Jutside corporate limits, write RURAL an	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in-hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) Coose Survey (Type or print)	A DATE Month OF DEATH	Day Year 19 195 8
-	5. SEX COLOR OR ACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8. DATE OF BIRTH 9. AGE in years IF UNDER Chedry Manths	
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	STRY 11, BIRTHPLACE (Stote or foleign country) 12. CIT	IZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Michael STACK	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, ar unknown) (II yes, give war or delet of revice)	n n	
	18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cafely	les recerds	INTERVAL BETWEEN ONSET AND DEATH
V	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying		
	couse lost, (c)	T NOT RELATED TO THE TERMINAL DISPASE CONDITION GIVEN IN PAR	T VOILE WAS ALLTOPSY
>	- E		PERFORMED? YES NO
	The state of the s	(Enter noture of injury in Part I or Part II of Item 18.) While Aurens for	iner_
	E D p. m. June 1919 50 at work at work	Construction Of Thele	unly) (State)
	21. I certify that I taak charge of the remains described ab opinion death resulted fram: Natural causes . Accident		grants.
	ACTUAL SIGNATURE ASSIGNATION OF SIGNATURE ASSI	M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
	EXAMINEN'S JAMPS I BOVE	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	20,1458
	REMOVAL Specify	metery Albany New York	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Chambers, 1400 Chapin St. Washington	D.C. DATE JUN 2 3 STAR 26 REGISTRAR SISTE	OMATURE

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for ed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for a reflict.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Book of Health, or its designated agent, prior to burial, cremation, or removal, and in any eyent within 72 hours ofter death. VS A15ME 5M 2/57

CAN TO THE PROPERTY OF THE PRO SAND COMMENSAND INCOMEDIATION OF THE COMMENSAND

Reg Dist No.

1. PLACE OF DEATH O. COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Pr. Geo. Co.
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) (IVEY date 31 hous	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn) X Seabreak
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTIONS Le la vid Meurorial Hosp	/d. STREET ADDRESS BOX 38 IS RESIDENCE ON A FARM? YES D NO
3. NAME OF DECEASED (Type or print) John Martin	SteeleJR DEATH June 5 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 1-18-31 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NUSIC ST U.S. GOVERME	
13. FATHER'S NAME Martin Steele	Gladys FrasER
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	Hospital Record
18. CAUSE OF DEATH [Enter only one couse per line for (p), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO DUE TO	metastaces interval between onset and death week
Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last. (b) OUE TO (c)	sufferentiated, untelesimed 6 month
CCATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter nature of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from alive on 5 Wallo, 1958, and that death	n accurred at 9150 PM, from the causes and an the date stated above.
ACTUAL SIGNATURE TRAMAS 9 Malaney	ADDRESS (Street, city or town, state) DATE SIGNED M.D. 4814-715 ANL 5 MAR 193
PHYSICIAN'S THOMAS G. MALONEY	Landoves Kills Md.
270. BURIAL CREMATION, REMOVAL (Specify) Burial 27b. DATE THEREOF 6/9/58 27c. NAME OF CEMETERY C	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P. Gasch's Sons Hyattsville, Ma	aryland. Date

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be yeached for use as the burial-transit permit. Then please remare carbon papers. Pages 1 and 2 st VS A1S (4) 1SM 9/SS

neral director,

ofter death.

the registrar priar to burial, cremation, ar remayal, and in ony event within 72 hours

M

-11,002 est	CERTIFICATE OF DEATH	
		5
	waste by the state of the state	
	The second secon	dame
262 11		
969 6	A TOTAL TO THE POST OF THE PARTY.	V-27
brond		
A CONTRACTOR OF THE STATE OF TH		
1,5 3	A land as a land was a land of the land of	- CHESTAN
The state of the s	And the second of the second o	

M

Reg. Dist. No. 07204

1.	PLACE OF DEATH a. COUNTY	ince Georges		MARYLAND	2. USUAL o. STA	RESIDENCE (V	Vhere deceased	b. COUNTY		before admir	sion)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clenn Dale (rural) c. LENGTH OF STAY IN 1b 8 days			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Washington							
	d. NAME OF HOSPIT	AL (If not in hospital, give Le Hospital	street oddress		d. STREET ADDRESS 4. St. N. W. C. IS RESIDENCE ON A FARM? YES NO DO					A FARM?	
3.	NAME OF DECEASED (Type or print)	First Roose	evelt	Middle V.	St	loss ewart	4. DATE OF DEATH	Mor 6	nth	Doy 19	Yeor 19 58
	Male Male		IDOWED 🗌	DIVORCED [B. DATE OF	25/04		9. AGE (In years lost birthdoy) 53 yrs.		YEAR IF UND	ER 24 HRS.
10	during most of work Radio repa	ON (Give kind of work don king life, even if retired) 11 TMAN	Sel	f-employed	USTRY 11. BI	Washin	e or foreign congton,	D. C.	12. CITIZI USA	EN OF WHA	T COUNTRY?
13	John E. St	tewart			14. MOT	Susan					
15		R IN U. S. ARMED FORCES	e)	SECURITY NO. 17.	Deced	ent		Add	ress		
ATION	Canditions, if a gove rise to it couse (o), stoting lying cause lost.	mmediate (monary tub			MINAL DISEASE	E CONDITION GIV	0	PERFO	AUTOPSY DRMED?
ICAL CERTIFICATION		MEDICAL EXAMINER)	b. DESCRIBE H	OW INJURY OCCUR	PLACE OF INJ	JRY (Home, for	m, 20f. (City		(Cou		(Stote)
MEDICAL			While Not work at	work		office bldg., et					
	21. I certify the alive on	at I attended the de		m6/1 ., and that dea		at 1:30	ADDRESS (Sin	the causes of the city or town, le Hospi	and on the	date stat	
	PHYSICIAN'S NAME (Type)	Moe Weiss	s, M. D	•		Gl	enn Da	le, Md.			
13	-1-1-1	6/2515-8		Socd/20		RY	22d. LOCAT	Shing	or county)	J. C. (Sto	le)
23.	funeral director	s signature	989-	DDRESS 62 Sly	.w6.		N 2 5 '58		STRAR'S SIGN	TURE	

MINE OF DEATH	ZZIS CERTIFICA
	CHARLES TO STATE OF THE STATE O
A TOP TO THE REAL PROPERTY OF THE PARTY OF T	
	Edition Control States
MARK STATES	TO STATE OF THE PROPERTY OF TH
	The same of the sa
The foliation of the second	
the same and the same of the s	OF 2 and bandon of suff belong to 1 forth philosophic of the suff belong to 1 forth philosophic and the local sufficiency of the local sufficiency
THE PARTY OF THE PARTY NAMED IN SEC.	The second secon

VS A1S (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7173 CERTIFICATE OF DEATH

07205

VA.O GERTIII	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY Prince Georges MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) 5 o. STATE 6. COUNTY Prince George
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside carporole limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Tuxedo, Md d. STREET ADDRESS e. IS. RESIDENCE
OR INSTITUTION	ON A FARM?
Prince George's Gen. Hospital 3. NAME OF First Middle	
OFCEASED (Type or print) Taillie Henry J	4. DATE Manth Day Year OF DEATH Type 0 1058 19
S. SEX 6. COLOR OF RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days Hours Min
Male White WIDOWED DIVORCED	1 6 97 07 Months Days Hours Min.
0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IN during most of working life, even if retired)	IDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
and the state of t	Holland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles J Taillie	Unknown
15. WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 [Yes, no. or unknown) (If yes, give wor or dates of service)	7. INFORMANT Address
	Charles H Taillie Tuxedo Maryland.
18. CAUSE OF DEATH [Enter only one couse per lipe (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (6)	- Jampanape
DUE TO	2-4 1- bx 1-
Conditions, if any, which gove rise to immediate (b)	- oon tige denning
lying couse last. DUE TO Lying couse last. (c) C Lyfarel.	Cart Tarmtor 6
PART II. OTHER SIGNIFICANT CONDITIONS CONTRYUTING TO DEATH I	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	RRED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Haur o. m. 19 While Not while of work of work	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceased from June	5 , 19 57, ta June 74, 19 18, that I last saw the deceased
alive on June 91 19 58 and that deep	ath accurred at 7:154 M, fram the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNE
SIGNATURE VIG DU JOHN CO	M.D. Hyattsville Md June 9, 195
PHYSICIAN'S NAME (Type) T.A. Burgman M.D.	Hyattsville Md.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETER	Y OR CREMATORY 22d. LOCATION (City, town, or county) Colman Manor, Md.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
F. Gasch's Sons Hyattsville Ma	aryland. DATE
	111N 1 2 159 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Total Services		
	HTA2070 STA		
			appoint Acres 1
*			
	ę		
		1000-100	AND THE PROPERTY.
E pic attack whealty of			
	Value of the same		
A SALES			
et a tobic - the bar			
and the same		. I. Eller	DE ALT ANY A
Col mr 1 goes of .			
			Marine To Street of Street

popers.

remove

of the

pup

þ

HI. Ony

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

07206

7174 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Prince Georges b. COUNTY MARYLAND Marvland Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Riverdale 14 da 15 hr Beltsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? 10601 Baltimore Blvd. Leland Memorial Hospital YES NO NO NAME OF 4. DATE Middle Month Year TANNER, JR. DEATH MORAN OLIVER 24th. June (Type or print) 1958 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 9. AGE (In years tost birthday) 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS White May 18th.1913 WIDOWED T DIVORCED M 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Grevhound Lines Sharon. Penna. USA Bus Driver 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Moran Oliver Tanner Bertha Fern Jenks 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Beltsvi No None 225-05-1379 Dorothy L. Tanner, 10601 Baltimore Blvd. 18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED 8Y Pneumonia (Terminal hrs. IMMEDIATE CAUSE (o) DUE TO Cerebral Hemorrhage days Conditions, if ony, which (b) gave rise to immediate DUE TO couse (a), stoting the under-Essential Hypertension yrs. lying cause lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II af item 18.) MEDICAL 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m Not while at work at work 21. I certify that I attended the deceased from June 8th, 1958, to June 24th, 1958, that I lost saw the deceased and that death occurred at 3:30AM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED SIGNATURE 6220 Ager Road. 6/24 West Hyattsville. Md. PHYSICIAN'S NAME (Type) Ernest Parent 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial 6/27/1958 Fort Lincoln Cemetery Colmar Manor, Pr. Geo. Co. . Md. **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 246 REGISTRAR'S SIGNATURE 240. REC'D BY REGISTRAR W.W. Chambers Company, Riverdale, Md. Wheduch JUN

0

DIRE

FUNERAL DIR

	HTARG TO ST		
		TO AC	o_astravia
	AND IN SECTION		TANDI BERT
			And the same
		erica un configuration	THE RESERVE OF THE PARTY OF THE
Part of the Country			
			ESCAL AND MAIN OF PURCHASE AND
		egri Salta ann	
e de la companya de l			The section of the little of t
	Lilvin ayı danı		Janes Emilia
,		NUMBER OF STREET	

.... the best transfer of the same of the

2150

_/	1
Y	71
4	
0	¥ to

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

7118 CERTIFICATE OF DEATH

	0	7	2	A	7
Disa	N	4	Las	1.5	ű

1	9 A4 A	. 0						Reg. Dist	No.	
1. PLACE OF DEATH 0. COUNTY PRINCE	GEORGE		MARY	/LAND	2. USUAL RESIDENCE (W. o. STATE DESTREE		b. COUNTY		e before adn	nission)
	f outside corporate lim	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (IF			URAL ond gi	ve nearest to	own)
HYATTSVIL	LE		6 menths	5	WASHING	TON	4	7x-3		
OR INSTITUTION	AL (If not in hospital,	give street	oddress)		d. STREET ADDRESS	~ !				RESIDENCE A FARM?
CARROLL M						Stree	t. N.E.		162	□ NOX□
3. NAME OF DECEASED (Type or print)	RANCES	rst	Middle		TAYLOR	4. DATE OF DEATH	JUNE	ith	Doy 9	Year 19 58 .
5. SEX	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIE	ED IVI	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1	7.5	IDER 24 HRS
FEMALE	WHITE	WIDOWI	ED DIVORCE	00	NOVEMBER 23	.1874	lost birthdoy) 83 yrs.		Days Hou	
during most of work	ing lite, even it retired	done 10b.			TRY 11. BIRTHPLACE (State			12. CITI		AT COUNTR
Special Po	olicewomen		Government	t	Salem,	The state of the s	rsey		U.S.A	•
WILLIAM H.	TAYLOR					. MILL	S			
15. WAS DECEASED EVE		CES? 16.	SOCIAL SECURITY NO	. 17. th	FORMANT	. 1,17,717.1	Add	ress		
(Yes, no. or unknown) NO	(If yes, give wor or dates of	service)		SIS	STER M. JOAN I	HERESE	1		Rd.,	
18. CAUSE OF DEA	TH [Enter only one co	ouse per li	ne for (o), (b), and (c).	1					INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	· N	1.00 HAN	10	TNEAD	07306	,		ONSET AN	ND DEATH
420.1	DUE TO		9000	1///		-17014			20	20
		11-	0.000				11		1 100	
Conditions, if a		147	PER EN	SIV	12 ARTERIO	3Ch En	atte (to	EARI	15	YEAR
cause (a), stating							1373	RISE		
lying cause last.) (
PART II. OTH	IER SIGNIFICANT CON	IDITIONS C	ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	CONDITION GIV	EN IN PART	1(a) 19. WA	S AUTOPSY
3 CAR	CINOMA	1 0,	F RIGHT	TB.	REAST /1-	-24R	1. Non	+ 17000		NO
PART II. OTH	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED	. (Enter noture of injury in	Port I or Port	Il of item 1B.)	1		
		or 20d. It	NJURY OCCURRED	20e. PLA	CE OF INJURY (Home, for	n. 20f. (City	ar town)	ICe	ounty)	(Stote)
20c. TIME OF INJUR Hour a. n.	19	While	Not while	fact	ary, street, affice bldg., et	c.)		100	, om , ,	(5,0,0)
₹ p. m.		ot war	k ot work	11/	- /					
21. I certify th	at I attended the	decease	ed fram 175	76	, 19/0 , to	me 9	1958	_,that I lo	ast saw th	e decease
alive an_ k	ue 8	, 12.5	L, and that	death	accurred at 3415	AM, fram	the causes o	and an the	date st	ated abov
1111	2 7	1					et, city or town.			DATE SIGN
SIGNATURE	olut.	ter	mejan	A	1.0. 1746 -	K-A	1, N-4	1.40	4. D.C.	-6/9/
PHYSICIAN'S NAME (Type)	OHN F. T	FINA	ERM		1746-	KJT	N.W.	LYDS	HINGS	04 De
220. BURIAL, CREMATIO REMOVAL (Specify)	N, 225. DATE THEREC	OF 5-X	22c. NAME OF CEME	ETERY OR	crematory fem.	1/1/1/	ON (City, town, o	or county)	1 7/1	late)
23. FUNERAL DIRECTOR	SSIGNATURE	0	ADDRESS :	200	17 6 /5	10.000			1 1000	
S. TOTAL DINECTOR	A SIGNATURE	7	A DUKESS	0.00	10 0	'D BY REGISTR	0	STRAR'S SIGN	NATURE	
4. 11/1	VIIAMA	188	2000	1	C D C DATE	XIII 1 1	158 6	00/		

VS A15 (4) 15M 9/55

But the second of the second o		
The second secon		
The state of the s		
The second secon		
		The state of the s
	of the control of the formation of prof. 2620. The following of the follow	and the control of the second
	THE RESIDENCE OF THE PARTY OF T	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be for the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for mr files. OF FUNERATOR: Page 3 should be used as a buriel-transit permit. Figure 3 and 2 with the State Book in Health, or its designabed agent, prior to buriel, cremotion, or removal, and in any enemy within 72 hours after death.

2 5 4 2 5 vs. A15ME 5M 2/57

2

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07208 7219MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									Reg. Dist. 14	V.
	LACE OF DEATH	Prince Geo	nges	MARY	1.4440	2. USUAL RESIDENCE	-	sed lived. If institut b. COUNTY		efare admission)
-							yland		Pr.	jeo.
b	and give nearest too	(If outside corporate limits, writi	RURAL	c. LENGTH OF STAY	IN 19	c. CITY OR TOWN	(If outside car	porale limits, write	RURAL and give	nearest fown)
		Bow1e		31 year	S	X Bow	ie			
d	. NAME OF HOSP	ITAL OR INSTITUTION (f nat in ho	spital, give street address	s}	d. STREET ADDRESS				e IS RESIDENCE
	I	Hillmead F	load			H11	lmead	Road		YES NO
	NAME OF	Fin	if	Middle		Last	4. DATE	Manth	Day	Year
	Type or print)	George		Elbert		Taylor	OF	June	26	19 58
5. S	EX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years fast birthday)	IF UNDER TYEAR	
1	Male	white	WIDOWE	D DIVORCED		4-21-87		71 yn.	Months Days	Haurs Min.
10a.	USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTR		le ar fareign o	country)	12. CITIZEN C	F WHAT COUNTRY
d	Retired	ing life, even if retired)		Farming		Marvla				U.S.A.
13.	FATHER'S NAME					14. MOTHER'S MAIDEN				De Marie
	John I	R. Taylor				Com	- In 17	Manala - 7		
15		VER IN U. S. ARMED FO	00000 114	SOCIAL SECURITY NO.	17 (4)	FORMANT	an E.	Marshal		
	ne, er unknown)	(If yes, give war or dates of		SOCIAL SECURITI NO.	_			Address		
					Be	rtram E. 7	laylor	: Muirk	irk. Mo	i.
	18. CAUSE OF DE	ATH [Enter only one cau	se per line	far (a), (b), and (c).]						RVAL BETWEEN
		ATH WAS CAUSED BY:			4		7		ONS	ET AND DEATH
	11116	IMMEDIATE CAUSE (a)		varu.	TOA	ascular re	anal c	lisease.		
	442X	DUE TO								
	Canditions, if	any, which) (b)								
	gove rise to imm	ediale couse								
	(o), stoling the	underlying DUE TO								
	cause last.) (c)								
8	PART II. O	THER SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	EN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
CATION										YES NO T
IFIC	20a. EXTERNAL CA		b DESCRIB	E HOW INJURY OCCUR	RED. (Er	nter nature of injury in Pa	ort I ar Port II	of item 18.)		
CERTIFI	PRIMARY 1 or CO	ONTRIBUTING [
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Yes	r 20d.	INJURY OCCURRED 20	e. PLAC	E OF INJURY (Hame, for	m, 20f. (City	or lawn)	(County)	(Slote)
	Hour o. m		Whil		faclo	ry, street, affice bldg., et	(c.)			
2	p, m	•		ork at wark		- L.I.I A.A.		.: 673e		
	ZI. I certify	that I taak charge	or the	remains described	a abav	re, neid an Autop	sy L,	nspection R	Inquiry 10	and in my
	opinion death	resulted from: 1	Vatural	causes 💥, Accid	dent [, Suicide ,	Hamicide	, Undeter	rmined mann	er 🔲
	0	1 - ~	1							
	ACTUAL	Jan Dy	Ask	anal.		CHIEF MEDICAL	EXAMINER [7]			DATE SIGNED
	SIGNATURE	JEW CO.	TEVE	The same		_M.D.				
ì	EXAMINER'S NAME (Type)	John T. M	alon	ev. M. D.		DEPUTY MEDICAL		-	ne 26.	1958
220	BURIAL, CREMATI	ON. 226. DATE THEREC		22c. NAME OF CEMETE	RY OR	CREMATORY	22d. LOCA	TION (City, town, a	ir county)	(State)
	REMOVAL (Sparif	6/28/58				Cemetery		ington M		(510.6)
23.	FUNERAL DIRECTO	R'S SIGNATURE	7 - 1 -	ADDRESS			C'D BY REGIST	The second second	TRAR'S SIGNATU	RE
	F. Gasc	h's Sons	Hya	ttsville Mo	d.		JUN 3 0	'58 (200	holine	6
						DATE		1 000	11-2000	

PERSONAL EXAMINERS OF STREET OF DEATH . . . Landra Miller and The Thirty in the sould be seen that to allow here it BERE 138 parts Dynama was a see to be Tonday Tonday and THE RESTRICT OF THE PROPERTY O blog lives soil man Francis

HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certifizate, writing the word "pending" in pencil in Item, 18. Give Poges 1, 2, and 3 to the funeral director. Page 4 should be for led to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for our files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Base Chief Health, or its designated agent, priar to burial, cremation, ar removal, and in any west, within 72 hours after death. M

I

2

OR

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 717 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07209

	* 7 * 9							Reg. Dist. N	lo.
PLACE OF DEATH				2	USUAL RESIDENCE	(Where decease			efore admission)
	Prince Geor	rges	MARYLA	MD	o. STATE Mar	yland	b. COUNTY	Prince	Georges
b. CITY OR TOWN (I	If outside corporate limits, write	RURAL C.	LENGTH OF STAY IN	1b	c. CITY OR TOWN	(If outside corp.	orote limits, write	RURAL ond give	nearest town)
River			D.O.A.		14 Col	lege Pa	ırk		
d. NAME OF HOSPI	TAL OR INSTITUTION (H	f nat in hospita	t, give street address)		d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
Leland Me	emorial Hosp	pital			5204	Mineola	Road		YES NO
3. NAME OF DECEASED	Firs		Middle		Lost	4. DATE OF	Month		
(Type or print) 5. SEX	Patricia		Jolene		ipi	DEATH	June	20	1958
Female	white	WIDOWED [NEVER MARRIED		TE OF BIRTH		9. AGE (In years last birthday) 8 yrs.	Months Days	Hours Min.
100. USUAL OCCUPATI	ON (Give kind of work d	lone 10b. KINE	OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stot	le or foreign co	ountry)	12. CITIZEN	OF WHAT COUNTRY
None None	ng lire, even it retired)				Washingto	n, D.C.		U.S.	.A.
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	NAME			
Jose	ph B. Tripi				Edit	h Sulli	inger		
15. WAS DECEASED EN	(If yes, give wer or dates of		CIAL SECURITY NO.	17. INFO	RMANT		Address		
				Jos	eph Tripi;	same a	ddress a	s # 2.	
Conditions, if gove rise to imme (o), stating the couse lost.	diote couse		emia lateral lo	bar	pneumonia				
2	HER SIGNIFICANT CONE	-	RIBUTING TO DEATH	BUT NOT	RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES IN NO I
20g. EXTERNAL CA	ebral palsy		OW INJURY OCCURRE	ED (Enter	nature of injury in Pr	ort Loc Port II e	of item 18.1		IES CI NO CI
	NTRIBUTING [or Describe The	or Hooki occorn	. (cine	notified injury in re	DIT 1 OF 1 OF 11 OF	or nem to.j		
20c. TIME OF INJU Hour o. m. p. m.	IRY Month, Day, Yeo	White	URY OCCURRED 20e. Not while of work	PLACE (factory,	OF INJURY (Home, for street, office bldg., et	rm, 20f. (City	or town)	(County)	(State)
21. I certify t	hot I took charge	of the rem	nains described	above	held an Autop	sy . In	spection X,	Inquiry 20	and in my
opinion death	resulted from: N	latural cou	ses 🔼, Accide	nt 🔲.	Suicide	Homicide	, Undeter	rmined monn	ner 🗌
ACTUAL SIGNATURE	ohn D.A	Malo	ney	N	.D. CHIEF MEDICAL I				DATE SIGNED
EXAMINER'S NAME (Type)	John T. Malo	oney, M	.D.		DEPUTY MEDICAL		_	20, 19	958
B REMOVAL (Specify	0 225 DATE THEREO	58 3	FOR CEMETER	DOR CRI	MATORY	Cols	ION (City, town, o	or county)	r, md
23. FUNERAL DIRECTOR	FILMENS SIGNATURE	el Ho	ADDRESS MIT	Rai	DATE	111N 2 5	158 246. REGIS	STRAP'S SIGNAR	JRE
1		I-n	ح.						

		MIXARED STATS CHATYRAM SERVIMAXITY ADIOSM TEX
manumu esalt	A STATE OF THE PARTY OF THE PAR	muinte populari de la completa del completa del completa de la completa del completa de la completa del completa de la completa del completa del la completa del l
	19.3	
	- Some athended skills	Indiqued Jahranes Lacin
1661 (5	Transfer and delect	tenselat alexantsi Attanon m Diblios destrata
.,,,,,,		
	Telith Sulitinger	idis7 vs domes
	y no marine asso rigin? desc	
		Elmano Toronto de Calendario d
	gino den u	MOI INCOME
		Total of Lord Control of Lord
The State of		
145 145 145 145 145 145 145 145 145 145	Constants delle Constants	Commission 1. Manager, M. C.
		Parlane Commence

FOR STATE HEALTH DEPT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be far. A should be far. A should be far. A should be used as a burial-transit permit. File pages 1 and 2 with the Stole Boo of Health, or its designated agent, prior to barrial, cremation, at removal, and in any event within 72 hours after death.

d

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 7176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

07210

Reg. Dist. No.

o. COUNTY	nce George's		MARYLAND	2. USUAL RESIDENCE (ved. If institut	ion: Residence be	fore odmission)
	outside corporate limits, write RURA	c. LENGTH	OF STAY IN 16	c. CITY OR TOWN (ington D. If autside corporel ington D.		RURAL and give a	nearest town) V
	AL OR INSTITUTION (If not	in hospital, give st	reet oddress)	d. STREET ADDRESS			411	e. IS RESIDENCE
Prince Geo	rge's General	l Hospita	1	816 K St	reet N 1	2		YES NO
3. NAME OF DECEASED (Type or print)	First	1	Middle Tvr	lost	4. DATE OF DEATH	Month June	1, 1958	
5. SEX	6. COLOR OR RACE 7.				19, 4	GE (In years		R IF UNDER 24 HRS
male				lay 2, 199	1	27 yrs.	Months Days	Haurs Min.
10a. USUAL OCCUPATIO	N (Give kind of wark dane	106. KIND OF BU	SINESS OR INDUST	RY 11. BIRTHPLACE (Slote	e or foreign caunt	γ)	12. CITIZEN O	OF WHAT COUNTRY
during most of workin		Dairy		Lawndale	NC		USA	
13. FATHER'S NAME		2414		14. MOTHER'S MAIDEN				
Da	Inh Memdis			Monto	Harmand			
	Iph Tyndle ER IN U. S. ARMED FORCES		URITY NO. 17. IN	MRT16	Haygood	Address		
[Yes, no, er unknown)	(If yes, give war or dates of service)				Lawndale		Carolina	1
	TH [Enter anly one cause pe	er line far (a), (b),	and (c).]		4	4	INTE	ERVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY	Elena	au ()	0500		26 ~	- ONS	SET AND DEATH
9320	IMMEDIATE CAUSE (a)	1100	J Co	white and	nu	+10		
000	DUE TO	10		10		~		
Conditions, if as	ligte couse	Su	race		nen	7		
(a), stoting the u								
couse lost.) (c)							
PART II. OTH	ER SIGNIFICANT CONDITIC	ONS CONTRIBUTING	G TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CO	INDITION GIVE	N IN PART I(a)	19. WAS AUTOPSY PERFORMED?
PART II, OTH								YES NO
20g. EXTERNAL CAL PRIMARY LI Gr CON CAUSE OF DEATH.	ISE WAS 20b. DE	ESCRIBE HOW INJU	IRY OCCURRED. LE	nter noture of injury in Pa	rt or Port II of it	em 18.)	0	0
	Pa	nens	10011-0	0.1.	Lat	Lana.	111	Coad
3 20c. TIME OF INJUR	Y Manth, Day, Year	20d. INJURY OC	URRED 20e. PLAC	E OF INJURY (Home, for	m. 20f. (City of t	own)	(Raunty)	(Stale)
20c. TIME OF INJUR	1-1 1015			ry, street office bldg., etc	1 7	+0	D. PS	
				7	7	ealing	ER V	1
21. I certify in	at I toak charge of	ine remains o		_/	sy [], Inspi	ection 💟,	Inquiry 🗹	gy and in my
opinion death	resulted fram: Nati	ural causes	, Accident	, Suicide,	Hamicide	, Undeter	mined mann	er _
ACTUAL O		00						DATE SIGNED
ACTUAL SIGNATURE	aner.	11 8	200	_M.D. CHIEF MEDICAL E	XAMINER [0		
EVANILIE I	7		0	ASSISTANT MEDIC	CAL EXAMINER	11.		0.18
EXAMINER'S NAME (Type)	Ahes /	(D)	Vd.	DEPUTY MEDICAL	EXAMINER	Xu	ul 1,	1950
220. BURIAL, CREMATIO	N. 226. DATE THEREOF	22c. NAME	F CEMETERY OR	CREMATORY	22d. LOCATION	City tawn, o	r county)	(State)
REMOVAL (Specify) Removal	6/2/58	SHET	BY N.C.		SHELL	BY N.C.		
23. FUNERAL DIRECTOR		ADDRI		24a. REC	D BY REGISTRAR		HAR'S SIGNATU	RE
W.ERNEST J	ARVIS CO. 1/	132 YOU S	t. NW Wa	sh.D.C pers II	IN 5 '58	les.	reduck	

dine Course's ... to be a second of the course of the cour Washira con I. C. ----Someth leading to the land to the land of The same of the sa CHARGE TWO IS THE REST AND THE PERSON OF THE PARTY. SUCTION OF THE TO HELD IN SUCTOMES TO STREET

	1111	CERTIFICA	AIL OI DEAI		Reg. Di	ist. No.	
1. PLACE OF E	Prince Georges	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. I	f institution: Resider	nce before admi	,
RURAL or	TOWN (If autside carporate limits, write and give nearest tawn)	c. LENGTH OF STAY IN 16 1 month		outside corporate limits	s, write RURAL and	give nearest law	vn)
d NAME O	FHOSPITAL (If not in haspital, give street		d. STREET ADDRESS	th Stree	t,	ON.	SIDENCE A FARM?
. NAME OF DECEASED (Type or pri	ni) HENRY	MICHAEL	UFFELMAN	4. DATE OF DEATH	Month June 1:	Doy lth,	Yeor 1958
Male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Aug. 25th, 1	.890 9. AGE (lost bi	In years IF UNDER	Days Hours	
oo. USUAL OC Service	CCUPATION (Give kind of work done 10b.st of working life, even if retired) CE Station Uper a	kind of Business or indu tor (Gasoli				TIZEN OF WHA	T COUNTRY
Rhine	hart Uffelman		Helen Sh	NAME laffer			
5. WAS DECE.	ASED EVER IN U. S. ARMED FORCES? 16. Win) (II yes, give mor or dorse of service) None		yrtle M. Uf	felman,	AddreBlac 411454	densbur 4th St.	gm M
gave ri cause (a) lying cau	ons, if any, which se to immediate, stating the <u>under-</u> pose last. AT II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	A Red	mey	TION GIVEN IN PAR	5 Mg	AUTOPSY
20g. ACCII OR CONTE		CRIBE HOW INJURY OCCURRE				PERF	ORMED?
	OF INJURY Manth, Day, Year 20d. I a. m. While p. m. 19 at war	Not white fa	ACE OF INJURY (Hame, farr ctary, street, office bldg., etc	m, 20f. (City or tawn)	(Caunty)	(State)
	VS Tuldua Konffme	and that death	occurred at 40	AM, from the co ADDRESS (Street, city napolis Ro burg, Md.	auses and on t	he dote stot	
20. BURIAL, C REMOVAL BUT	REMATION, 22b. DATE THEREOF 6/11/1958	Montour Ce		22d. LOCATION (CIN	y, town, or county) e, Penns	(Sta	ile)
	nambers Company,	Riverdale,	MAC	D BY REGISTRAR 2	46. REGISTRAR'S SI	-	

uneral director, may be retained by the haspital ar attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be calcaded for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours affer death. VS A15 (4) 15M 9/55

I

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4

ALL THE STATES OF THE STATES ACTION OF THE PARTY OF THE PARTY OF THE PARTY. ORDINAL SERVICE DE L'ASSESSION DE L' ten mingration of the control of the THE WORLD STATE OF THE STATE OF Mary Street on Charles included against the first section . DM . Commonsating verse o real transmitted by \$100 \text{At the contract of the .ecase2 . a feba ad

2310.0

VS A15 (4) 1SM 9/SS

	1	
2000	director.	iled with
	n and campletely filled in by the uneral director.	urbon papers. Pages I and 2 I'd be filled with
3	in by I	and 2
	ely filled	Poges 1
	complet	popers.
	puo u	rbon

00

I

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
7119	Item 9	Film 231 7-	15-58 et		
8113		ERTIFICATE	OF DEATH		

07212

	Keg. Dist	. No.
1. PLACE OF DEATH O. COUNTY Prince Googles Co MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE b. COUNTY	before odmission)
b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give	ve negrest town)
RURAL and give nearest town)		re nearest town,
d. NAME OF HOSPITAL (If not in hospital, give street oddress)	Mt. Rainier	e. IS RESIDENCE
4701 27th Street	4701 27th Street	ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) WALTER Middle	TWAN 4. DATE Month OF DEATH June 14.	Doy Yeor 1958 19
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
male white widowed Divorced	July 1,1902 55 56 yrs.	Pays Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) Accountant, U.S. Govt.		S.A.
13. FATHER'S NAME		.D.A.
Commodore Utman	14. MOTHER'S MAIDEN NAME Catherine Hicks	
	NFORMANT Address	26.0
	hester Gierula, 13027 Matey	Rd. Wheato
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1	INTERVAL BETWEEN
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) My Corde	al dufach	5 welks
420,1 DUE TO	0	
Conditions, if ony, which gove rise to immediate (b)		
couse (o), stoting the under-		
lying couse lost. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II 200. ACCIDENT WAS UNDERLYING TO 200. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED? YES NO NO
). (Enter noture of injury in Port I or Port II of item 18.)	
Hour o. m. While Not while foct	ACE OF INJURY IHome, farm, 20f. (City or town) (Cotory, street, office bldg., etc.)	unty) (Stote)
	Land Control of the C	<u>'</u>
21. I certify that I attended the deceased fram.		ist saw the deceased
alive an Valve 19 0, and that death	accurred at 12:05 PM, from the causes and on the	
SIGNATURE From M. Lassaflen	ADDRESS (Street, city or town, stote) ADDRESS (Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S IRVIN M. GRASSGREEN	MT. RAINIER,	us
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Stote)
burial 6/18/58 Arlington 1	National Cem. Ft. Myer, Va	a.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wash,	D.C. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGN	MATURE
The S.H. Hines Co., 2901 14th St. N.	.W. DATE JUN 1 7 58 Cll fed	uch-

		ATE OF DE		
			DEALERS AND	
			Liverage of experie	
	well-fall .we			meinten
				THE PARTY OF THE PARTY OF THE PARTY.
	Sonus days			Janes Street
at the later of	State of Contract			
	anar	. I think		BILL ALON
the second of the		to all the		The second secon
				. Troi
				And married and the second
hew on contact	TRUET. ALMERA			
				And the second second
Teal in the				
and all the participations				
District with the best to				
	Lagranda area			
4 ,				

MARKINAMI STATE DEPARTMENT OF HEALTH BALLINADE, TO

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 peral director, be filed with may be retained by the hospital or attending physician.

See To FUNERAL DIRECT.

See To FUNERAL DIRECT I

	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	7220 CERTIFICATE OF DEATH	Dist. No. 07213
	PLACE OF DEATH b. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution Residence) STATE b. COUNTY b. COUN	idence before edinission)
19	b. CITY OR TOWN (If outside corporate limits, write RURAL or STAY IN 1b RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL or RU	and give nearest town
0	d. NAME OF HOSPITAL OF not in hospital, give street address) OR INSTITUTION OR INSTITUTION 217 Woodland Ro	•. IS RESIDENCE ON A FARM? YES \(\) NO
3.	NAME OF DECEASED (Type or print) Bernard F. Middle Valentine 4. DATE Month OF DEATH JUNE	Day Year 9 1958
5.		DER 1 YEAR IF UNDER 24 HRS.
G	are houseman navel flundaction Virginia,	CITIZEN OF WHAT COUNTRY
13.	William R. Valentine mary E. Reynold	ds
15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give wor or dates of service) 2.33-65-4702 Mm Pauline W. Valentino morning.	17 Woodling
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COPCINOMA, COLON	ONSET AND DEATH
	Conditions, if ony, which gave rise to immediate coese (a), stating the under-lying couse lost. DUE TO DUE TO (b) DUE TO	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. ACCIDENT WAS UNDERLYING 20c. ACCIDENT WAS UNDERLYING 20c. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while at work at	(County) (Stote)
	21. I certify that I attended the deceased fram March, 1956, to June 9, 1958, that alive an June 8, 1958, and that death occurred at 74 M, fram the causes and a ADDRESS (Street, city or town, state) ACTUAL SIGNATURE ENGLY OF ACTUAL SIGNATURE	I last saw the deceased the date stated above DATE SIGNED
	PHYSICIAN'S Eugene Cole M.D.	
22	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. OCCATION (City. town, or countries) Delivered Suitland T	nangland
23.	FUNERAL DIRECTOR'S SIGNATURE Washington- H.C. 240. REC'D BY REGISTRAR 246 REGISTRAR'S DATE JUN 1 1 '58	signature

OF REALTH-BALTIMORE, 10				THE
E OF DEATH	TASHWARA			
		1		
	STREET STREET			
		4		0
	VINE CONTRACTOR		Manager St. Sell.	
		The Designation of the Land		
(Marie American Assessment				
			A Augusto India	
	The second second			
		To make of		
			VIII CONTRACT	

ARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
7178	CERTIFICATE	OF	DEATH	

07214

Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) g. STATE b. COUNTY MARYLAND Prince George Md. Prince George b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Days Cheverly. Md Carmody Hills, Md d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Prince George General Hospital 506 73Rd St. YES NO TO NAME OF Middle 4. DATE Lost Month Year (Type or print) Howard Walter DEATH 19 58 June 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours Male White WIDOWED [DIVORCED [16 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Pennsylvania S Cable Splicer C&P Telephone Co 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Harvey R Walter Jane Karle 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 73 14 3437 Yes Lois Walter Same as above 1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES AND 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, Doy, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) Hour a. m. factory, street, office bldg., etc.) While Not while of work of work 195 8 that I last saw the deceased 21. I certify that I attended the deceased from 1:204 M, fram the causes and an the date stated above. alive an and that death accurred at_ ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) N. Comean 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) ransportation 6/10/58 Altoona Pennsylvania 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

F. Gasch's Sons Hyattsville, Md.

VS A15 (4) 15M 10/57

	7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -		made exclusi
	vo. strik ekseen		Mary Server
	The state of the s		American arrightents
		aria in sum	
	Sell-dis-		erorma ar ar ar ar ar
			The Market of the
	total trace sto		
SWYW NO.	- Land Committee		
			THE PERSON NAMED IN
			manual in the Colonia

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Punel Storge MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before go o. STATE b. COUNTY	dmission)
b. CITY OR TOWN (If outside corporate limits, write c. ENGTH OF STAY IN 1b RURAL and sine nearest lown)	c. CUTY OR TOWN (If offside corporale limits, write RURAL and give nearest	lown)
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	10/0/11/01	RESIDENCE ON A FARM?
3. NAME OF DECEASED (Type or print) Delle Delle	Lost d. DATE Month Doy OF DEATH LOST OF DEATH OF DEAT	Yeor 19 5 8
S SEX d COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 10-22-1877 9. AGE (In years IF UNDER 1 YEAR IF U Months Days Ho	JNDER 24 HRS.
106. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	TUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF W	HAT COUNTRY?
13. FATHER'S NAME, I Stay	Scorgiana anderso	~
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [If yes, give wor or dates of service]	INFORMANT Address	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		AL BETWEEN AND DEATH
Conditions, if ony, which gove rise to immediate	Corotie myorarditis un	lengen
cosse (o), stoting the under. DUE TO Several	arteriosekarosis un	luner
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE		VAS AUTOPSY ERFORMED?
OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter noture of injury in Port 1 or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work of work	PLACE OF INJURY (Home, form, 20f. (City or town) (County) foctory, street, office bldg., etc.)	(Stote)
21. I certify that I attended the deceased fram January	1966, to 11. 13, 195 (that I last saw t	the deceased
alive an 12 12 19 and that deal	th accurred atM, fram the causes and an the date s	tated abave. DATE SIGNED
SIGNATURE Pend a The Valle	M.D. SYXO Selver THILL X JOE	6/13/5-
PHYSICIAN'S PALLEC VAN NACTA	resshington 28 to	2
220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY 6-16-1958 Specify	ny Soustville My	(State)
23. EUNERAL DIRECTOR'S SIGNATURE Solect anattingly 4) And	DATE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	
	JUN 1 6 50 W. Leaven	

may be retained by
TO FUNERAL DIRE
page 3 shauld be VS A15 (4) 15M 9/SS

HTASO TO BT?		
	THE RESERVE OF THE PARTY OF THE	
	o level	

Tor.	WILL			
neral director	De la	1	M	1
nerd	De	4	71	
	-			
7	~		-	00

I

TO FUNERAL DIRECTA: After this certificate has been signed by the attending physician and completely filled in by page 3 shauld be prached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registrar priar to burial, cremation, or remaval, and in any event within 72 hours offer death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page A VS A15 (4) 15M 9/55

	Reg. Dist	l. No.
1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence o. STATE	e before admission)
PRINCE GEORGES MARYLAND	MARYLAND B. COUNTY PRINC	E GEORGES
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	c. CITY OR TOWN (If outside carporate limits, write RURAL and gi	ive nearest town)
CHELTENHAM 2 YEARS	X CHELTENHAM	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	/ d. STREET ADDRESS	e. IS RESIDENCE
USAF HOSP ANDREWS A.F. Base	102 WESTWOOD DR.	YES NO NO
3. NAME OF First Middle	Last 4. DATE Month	Day Year
OLIVER (Type or print) GEORGE OLIVER	WARNER DEATH JUNE.	27 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	1 1 1 1 1	YEAR IF UNDER 24 HRS.
MALE CAU WIDOWED DIVORCED	JAN 21 1916 42 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or foreign country) 12. CITI	ZEN OF WHAT COUNTRY
PILOT USAF USAF	MISSOURI	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
GEORGE O. WARNER	GRACE C. BRADY	
(Yes no or unknown) . If we may mer or date of service)	NFORMANT Address	
YES 19 Years 153-20-6240 U	SAF Personnel Records	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Corona	ary occlusion with	1 hour
420.1 DUE TO		
Canditions, if any, which) (b) Myocardia	.1 infarction	
gave rise to immediate couse (a), stating the under-	J	
lying couse last. (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED?
NONE		YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NONE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Part 1 or Part 11 of item 18.)	
	ACE OF INJURY (Home, form, 20f. (City or town) (Cotary, street, office bldg., etc.)	ounty) (State)
Hour a.m. p. m. 19 While Not while at wark of work	and y, area, area orag, area	
21. I certify that I ottended the deceased from D.O.A.	9. , 19 , to JUNE 27 , 19 8, that I le	ast saw the deceased
	occurred at ISSA M, from the couses and on th	
1. 1.111 2 0	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE ALLIAND AMUELLE CAMPU	SATTAL 1001ST USAF HOSP	JUNE 27, 48
PHYSICIAN'S NAME (Type) RICHARD H. WEBER	ANDREWS A.F. Buse Wasi	4 25, D.C.
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county)	(State)
Burial 7.2-58 arlington	Patt Em. Alington al	inginia
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	NATURE
W. W. Chambers to. Inc. 517-11 5	A.E. DATE	

I, the undersigned do hereby certify that while in performance of my duties as Medical Officer of the Day at 1001st USAF Hospital, Andrews Air Force Base, Washington 25, D.C. I received a call from wife of deceased, describing severe chest pains and requesting medical advice. I immediately dispatched an ambulance to home of deceased and had him transported to this facility, pronouncing him dead on arrival at 1:55 a.m.

RICHARD H. WEBER CAPT, USAF (MC)
Attending Physician

FOR STATE

HEALTH DEPT. Files. Health, 桶 Por. of 1

00

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If ony delay is necess execute the certificate, writing the word "pending" in pendit in them, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be founded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Board as its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS. ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 7993

07217

1860	Reg, Dist, No.
1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ONLY b. COUNTY
Jamiel Slarges MARYLAND	Wassland Ime seo.
b. CITY OR TOWN (If outside corporate lined, write RURA) c. LENGTH OF STAY IN 16 and give hearest lown)	c. CITY OR TOWN of guiside corporate fimits, write RURAL and give nearby town)
Saurel Zylars	41 Daniel
d. NAME OF HOSPITAL OR INSTITUTION (If not in pospital, give (feet address)	d. STREET ADDRESS 6 IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED Prirst Middle	Lost 4. DATE A Month Day Year
(Type or print) Ellanor (Ima del	Watking DEATH June 23 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 WIDOWED DIVORCED 1	DATE OF BIRTH 2-2-19 9.56E (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Haurs Min. Wish Min. Months Days Haurs Min. Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, see If retired)	TRY 11. BIRTHPLACE (Stale or foreign country) 12. CITIZEN OF WHAT COUNTRY
Correstic	Maryland U.S.H
13. ATHER'S NAME	14. MOTHER'S MAIDEN NAME 9
Sidney Wilson	Jadie!
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [19, no. or unknown] [If yes, give wor or dotes of service]	sent C. Walters & and offer
18. CAUSE OF DEATH [Enter only one couse per ling for (a), (b), and (c).]	INTERVAL DETWEEN
PART I, DEATH WAS CAUSED BY:	ONSET AND DEATH
465 × DUE TO	a minaro
Confidence Description	and of many
gove rise to immediate couse	Je processing the second
cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
TCIX	PERFORMED? YES NO
	inter nature of injury in Part I or Part 11 of Item 18.)
	CE OF INJURY (Home, form, 20f. (City or town) (Caunty) (State)
Hour o, m. While Not while facts p. m. 19 of work at work	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ve, held an Autopsy , Inspection . Inquiry , and in my
opinion death resulted fram: Natural causes X, Accident [
ACTUAL DATA DATA CONTES	M.D. CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE STAMP I ALENY	ASSISTANT MEDICAL EXAMINER []
NAME (Type) JOHN T- MALDHEY M	D DEPUTY MEDICAL EXAMINER DE June 23. 1958
220. BURIAL CREMATION. 22b. DATE THEREOF REMOVAL (Specify) 6/26/58 Baltimore, No.	CREMATORY 22d_LOCATION (City Jown es county) (State)
22 ELIMEDAL DIDECTOR'S SIGNIATURE ADDRESS	7 240 REC'D BY WEGISTRAR AZAL REGISTRAR'S SIGNATURE
Refer L. Sumbles Rockville, M.	1.JUN - I
	DATE WIM 2 7 '58 PO Show here

1222 MEDICAL EXAMINER'S CENTRICATE OF DEATH · characteristics control of M. BICLYSES AND CON

The state of the s	TE OF DEATH			
pla soad soriel	Sanly Lot		l egroe	0 = 6//2 1
	azilyzali yandana	25 cass	275 260	
			.a.a. deexta	4 - 3
e le del	SEA AND SETSEES		Transaction of	10 Pant -
	Autho 7th. 1887 70		with the second	s Lebi
Adu	.5.0 normittee. 1.0.	destrois evel .7		berlies
	Ling J. Saving		gofacell	egysed)
SECT . I. S. Securit	Lo D. Webnier 4800- V.			
mine and least conflict from a manufacture and will not be a manufacture.				
Dane let 50	.E.S leef nevel -0064		CALLED A RAPERT	
		AND STREET		

M

I

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

7179 CERTIFICATE OF DEATH

07219

1213	OEKTII TO	AIL OI DEAIII	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY Prince Georges	MARYLAND	2. USUAL RESIDENCE (Where deco. STATE Maryland	eased lived. If institution: Residence b. COUNTY Princ	e Georges
b. CITY OR TOWN (If autside carporate limits, write CURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of Washington	arporate limits, write RURAL and gi	ve negrest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Prince Georges Gener		d. STREET ADDRESS 1409 50th	Ave. S.E.	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Elvira	Middle W. M. H.	Wells 4. DA		Day Year 19 58
SEX 6. COLOR OR RACE 7. MARR WIDOWE	D DIVORCED	8. DATE OF BIRTH 16 Dec. 1896	A-va L'-al- d- v	YEAR IF UNDER 24 HRS Days Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. during most of working life, even if retired)	theme	STRY 11. BIRTHPLACE (State or forei	gn country) 12. CITIZ	EN OF WHAT COUNTR
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	in	
	SOCIAL SECURITY NO. 17. 1	Mardie Well	140 9-50 = C	are. S.E
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause last.	Cancerns	yelinglad in the	e E alocess Ismalino urethea.	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN PART	PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Part I or	Part II of item 18.)	
Haur a.m. While	IJURY OCCURRED 20e. PL Nat while fa	ACE OF INJURY (Home, farm, 20f. ctary, street, affice bldg., etc.)	(Co	unty) (Stale
21. I certify that I attended the decease			, 19,that I la	
actual Signature B. B.	achoc	ADDRES M. D. ADDRES	ram the causes and an the s (Street, city or town, state)	DATE SIGN
Ro. BURIAL, CREMATION, BEMOVAL (Specify) 6-7-58	22c. NAME OF CEMETERY O	In lem. B	OCATION (City, town, or county)	Marylan
1. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 3-17-1, tt	A DE DATE JUN 6	GISTRAR 245 REGISTRAR'S SIGN	HATURE

AND STATE OF THE S
CONTRACTOR OF THE PROPERTY OF THE PARTY OF T

VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Rea. Dist. No.

07220

1. PLACE OF DEATH o. COUNTY Prince	George		MARYL		USUAL RESIDENCE (Vo. STATE Maryland	Where decease	ed lived. If institution b. COUNTY	on: Residen	ce before	odmiss	ion)
b. CITY OR TOWN (RURAL ond give n Cheverl		ils, write	c. LENGTH OF STAY I		c. CITY OR TOWN (I	f outside corp	orole limits, write R	URAL ond	give near	est town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, a		oddress)	5 /	d. STREET ADDRESS 2507 Bu	cklodge	a Roed		e.		DENCE FARM? NO TX
3. NAME OF DECEASED	Fi		Middle	!!	Lost	4. DATE	Mon	th	Day		rear
(Type or print)	Frank		MARTI		Williams	OF DEATH	Ju	ne	14	1	58
5. SEX Male	6. COLOR OR RACE White	7. MARI	RIED NEVER MARRIE		6-2-58		9. AGE (In years last birthday)	IF UNDER Months	Dogs I	F UNDE Hours	R 24 HRS. Min.
			KIND OF BUSINESS OF	NDUSTRY		te or foreign of	country)	12. CIT	IZEN OF	WHAT	COUNTRY
13. FATHER'S NAME Walter	Williams				4. MOTHER'S MAIDEN						
15. WAS DECEASEDEVE (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of the	CES? 16.	SOCIAL SECURITY NO.		Wartha Ja Walter F.				em #	2	
Conditions, if o gove rise to i couse (o), stoting lying couse lost. PART II. OTI	the under-		Bus H	TH BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	EN IN PART		PERSO	Kurja Kutopsy RMED?
O THE EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	nter noture of injury li	n Port I or Por	rt II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Yes	20d. II While at wor	Not while	20e. PLACE factory	OF INJURY (Home, for street, office bldg., e	rm, 20f. (Cit	y or tawn)	(0	County)		(Stote)
21. I certify the olive on	R.D.BA	deceas , 195 mer		M.D.	., 1957, to curred of 1:20 25/3 / Bauer, M.D	ADDRESS (S	m the causes a street, city or town,	nd an th		state	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	June June	195	22c. NAME OF CEMET			1	TION (City, town, a			(Stote	land
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS ederick, Ma		24o. REG	C'D BY REGIS	-	,		_	

Swings to the Caste Pale . Note that the 1000 man 10 والمنافعة والمعادرة والمعا Carlon Comment and the second 08

07221

CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) e. COUNTY b. COUNTY MARYLAND Prince Georges b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) yr., 3 mos., Glenn Dale (rural) Washington d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Champlain St. YES NO TO Glenn Dale Hospital 4. DATE OF DEATH NAME OF Middle Lost Year DECEASED (Type or print) Gilbert Wilson 19 6. COLOR OR RACE TO MARRIED WEVER MARRIED B DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Hours Min. WIDOWED | DIVORCED Male YES. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Burlington Hotel USA Porter Washington, D. C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Clarence G. Wilson Ethel Pate 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 7-18-3166 Decedent 18. CAUSE OF DEATH [Enter only one couse par like for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if any, which] gave rise to immediate **DUE TO** cause (o), stating the underlying cause last. 002 X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

PERFORMED?

YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?

YES NO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO I 20a. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. ft. Not while at wark at wark p. m. 21. I certify that I attended the deceased from. _____6/5___, 19_58, that I last saw the deceased 2/25 , 1957 , to___ , and that death occurred ot 3:30 PM, from the couses and on the date stated above. ADDRESS (Street, city or town, stole) ACTUAL Glenn Dale Hospital PHYSICIAN'S Glenn Dale, Md. Moe Weiss. M. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or caunty) (Stote) REMOVAL (Specify) Waslew 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

VS A15 (4) 15M 9/55

page

. . NAME OF THE PERSON OF THE PERS othe courts with a fe co in or owner and which Mr. all of the best year much cold to ware the first manufacture or manufacture of the second Company of the state of the sta

97			7181		CERTIFI	CATE OF	F DEATI	H		Reg. Dist.	No.	
N		PLACE OF DEATH	inceGeorges		MARYLAI	II a STATE	E .	here deceased	d lived. If institu			
1										Prince		
Mary 1		RURAL ond give n	f outside corporate limi earest town)	ts, write	c. LENGTH OF STAY IN	16 c. CITY	OR TOWN (If	outside corpo	rate limits, write	RURAL and give	e nearest to	own)
7		Che	verly		lil days	X Fa	irmont	Heught	S			
70	100	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g	ive street	address)	d. STRE	ET ADDRESS					RESIDENCE
11	110		George Genr	al H	osital	1	.013	58th A	lve.			A FARM?
		NAME OF	Fir		Middle		Lost	4. DATE		onth	Day	Year
		DECEASED (Type or print)	James			Wilson		OF DEATH	Jur		6	19 58
	5. 5			7. MA DO	IED NEVER MARRIED		RIDTH					
-							- 00-		9. AGE (In year lost birthday)	Months Do	ays Hou	
- 1		Male	Black	WIDOW	-	- I TO MO	v 1889		68 yr			
	100	during most of worl	ing life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY 11. BIRT	THPLACE (State	or foreign co	ountry)	12. CITIZE	N OF WH	IAT COUNTR
		Custodian	School			Mo	ntgomer	y Co.,	Md.	U.S	.A.	
	13.	FATHER'S NAME				14. MOTH	ER'S MAIDEN I	NAME				
			Dick Wil	son /			Emma P.	(Maid	len name	unknow	n)	
	15.	WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	7. INFORMANT		(dress	**/	
	Yes	s, no, or unknown)	If yes, give wor or dates of s	ervice)	1.01/2.3							
				use per lir	ne for (a), (b), ond (c).]	1 0	,		. /	A		ND DEATH
1957		PARI I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (a	1	mulip	u ce	reh	al a	ufar	do	4/0	AYS
		12.1X	DUE TO									
		Conditions, if a	ny, which) (b		Sudo	cari	letes				410	AVS
		gave rise to i	mmediate (7	1		1	1,	
		lying cause lost.	the under-	. (arcun	mi de	the	Lol	1 11-	the pa	cary.	n.
	Z				CONTRIBUTING TO DEATH	BUT NOT PELATE	D TO THE TERM	INIAI DISEASI	CONDITION	IVENT INT BART TO	(a) 19. W/	S AUTOPSY
2	CATION			51110110_0	ONTRODING TO BEATT	DOT NOT KEENIE	D TO THE TERM	HANT DISENSE	-CONDITION O	IVEN IN PART I	PER	FORMED?
OL	FIC	20. ACCIDENT	commence (2)	001 050							YES	D NO []
	CERTIFI	OR CONTRIBUTING	S UNDERLYING TO	206. DESC	CRIBE HOW INJURY OCCU	IRRED. (Enter natu	ire of injury in	Port 1 or Port	II of item 18.)			
	, L		MEDICAL EXAMINER)									
	OICA	20c. TIME OF INJUR	Y Month, Doy, Yes			e. PLACE OF INJU factory, street, o	RY (Home, form	n, 20f. (City	or town)	(Cou	nty)	(State)
	MEDI	p. m.	19	While of work	Not while at work	rociary, sireer, c	office blog., etc	1				
		23 1 22 426 41		1	ad from 4/2	/	FG.	111	2	-0.	-	
		H.,	at Lattended the	decease	1	17.3	5 % to	0/6		that I las		
		alive on	16	, 19_5	and that de	ath accurred	ot 4-00A	M, from	the causes	and an the	date st	ated abov
		11	I man	and.	//V Luces			ADDRESS (SI	reet, city or town	, stote)	. 1	DATE SIGN
- 1		SIGNATURE N	with a	July		M.D	3503	July 1	2		6/0	158
/		athuria saur					-()		61			7
		PHYSICIAN'S NAME (Type) D	r. Norman C	omean	u MD	141	Con	me	ma			
	220	BURIAL, GREMATIO			22c. NAME OF CENTER	Y OR COLLEGE	٧	22d LOCAT	ION Lity, town	Acountal	11 -	total
	1	REMOVAL (Secify)	6/9/58		wood	Man and a second		Mrs	2	County	1.0	tote)
149	N		17		n wit		1		1			
	R	00	nason itu	nuc	Home, o	ne		D BY REGIST		SISTRAR'S SIGN	ATURE/	
6	-6	00 niche	le cive 8.	2 W	ask. E.C	The state of the s	DATE	JUN 1 2	'58 U	Un ear	LA	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by Abe haspital at attending physician.

VS 15M

BUILDING SUPERIOR OF THE PROPERTY OF THE PROPE A PRODUCE THE PARTY OF . . . Martin and the first has a first and the second and the first state of the second and the second

FOR STATE HEALTH DEP

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 hours after death. If any delay is essary, please execute the costs, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funer, rectar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-stransit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, at removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 07223 7182 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PLACE OF DEATH	George's		MARYLA		STATED. C.	(Where decease		institutio OUNTY	n: Resider	-	re admission)
b. CITY OR TOWN and give nearest too	(If outside corporate limits, write R vn)		ad on ar	Lie	CITY OR TOWN Shington		porate limits.	write RL	1	give ne	arest tawn)
d. NAME OF HOSP Prince Ge	orge is Genera	nat in haspital, gi	ve street address)	d.	STREET ADDRESS 701 M st						e. IS RESIDENCE ON A FARA
NAME OF DECEASED (Type or priCLE)	atina Ella Fr				Lost	4. DATE OF DEATH		Month June		Doy 15	Year 1958
Female	color or race 7	MARRIED I	NEVER MARRIED ["TIATE	of BIRTH March		9. AGE (In you	a protection		Days	Hours Min.
Oa. USUAL OCCUPAT during most of work Presser	ION (Give kind of wark da ing life, even if retired)	Laund			BIRTHPLACE (Sto Washingt		_ ,,		U.S.		WHAT COUNT
13. FATHER'S NAME Henry Simmi					OTHER'S MAIDEN						
15. WAS DECEASED E	VER IN U. S. ARMED FORC	(ES? 16. SOCIAL VICE) 578058	SECURITY NO.	Alber	tB. Fraz		oo6 Inc				S.E. Son
	ATH WAS CAUSED BY:	per line for (a),	(b), and (c).) Hemorrha	ige an	d shock					ONSET	AND DEATH
Canditions, if gove rise to imm (a), stoting the couse last.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which ediate cause		Hemorrha Crushed	chest		MINAL DISEAS	E CONDITION	N GIVEN	IN PART	1(a) 19	WAS AUTOPS PERFORMED?
Canditions, if gove rise to imm (a), storing the couse last. PART II. O' PRIMARY Dor CC CAUSE OF DEATH	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which ediate cause underlying THER SIGNIFICANT CONDITION AUSE WAS DITTIBUTING JRY Month, Day, Yeor	DESCRIBE HOW Occupat 20d. INJURY	Crushed Ting to Death 8 INJURY OCCURRE TO an OCCURRED 200.	chest BUT NOT REL D. (Enter na autom	ATED TO THE TER Ture of injury in P obile th NJURY (Home, for	at ran	of item 18.) off re			I(a) 19	WAS AUTOPS PERFORMED? SS NO
Canditians, if gove rise to imm (a), stoting the couse last. PART II. O' PRIMARY DO O' CO CAUSE OF DEATH Hours Couse 9-30 p. m	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ony, which ediate cause underlying THER SIGNIFICANT CONDITIONS AUSE WAS DIFFE WAS DIFF WAS DIFFE WAS DIFFE WAS DIFF WAS DIFFE WAS DIFF WAS DI	DESCRIBE HOW Occupat 20d. INJURY While of work	Crushed ITING TO DEATH 8 INJURY OCCURRE OCCURRED OCCURRED OCCURRED OCCURRED OT work	chest BUT NOT REL D. (Enter na autom PLACE OF factory, stre fucker	ATED TO THE TER Jure of injury in P obile th NJURY (Home, fa et, office bldg e	et ran orm, 20f. (City orm, 20f. (City	of item 18.) off re y or town) on Hill	oad	and s	I(a) 19	WAS AUTOPS PERFORMED? ES NO [Ok tree (Stale Md.
Canditions, if gove rise to imm (e), stoting the couse lost. PART II. O' PART II. O' PART II. O' CAUSE OF DEATH 20c, TIME OF INJI Hour Couse 9:30 P. m 21. I certify	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which ediate cause underlying THER SIGNIFICANT CONDITION CONDITIO	DESCRIBE HOW Occupat 20d. INJURY While of the remain	Crushed Ting to Death 8 INJURY OCCURRE Tof an OCCURRED OCCURRED OCCURRED Tor work Tors described	ED. (Enter no autom PLACE OF Infactory, street above, here	ATED TO THE TER Jure of injury in P obile th NJURY (Home, fa et, office bldg e Road eld an Autop Suicide [],	at ran at ran	of item 18.) off re y or town) on Hill nspection : [], Un	oad	end s (Caur P. G.	I(a) 19 Y	WAS AUTOPS PERFORMED? ES NO [Ok tree (State Md. and in n
Conditions, if gove rise to imm (a), storing the couse lost. PART II. O' PART II. O' 20c. EXTERNAL C. PRIMARY Dor CC CAUSE OF DEATH 20c. TIME OF INJI Hours Do. 21. 1 certify opinion death	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO any, which ediate cause underlying THER SIGNIFICANT CONDITION AUSE WAS DATRIBUTING JRY Month, Day, Year 6/16 1958	DESCRIBE HOW Occupat 20d. INJURY White of work of the remain of the remain	Crushed Ting to Death 8 INJURY OCCURRE Tof an OCCURRED OCCURRED OCCURRED Tor work Tors described	Chest BUT NOT REL BUT NOT REL	ated to the ter ture of injury in P obile th NJURY (Home, fa et, office bldg e Road eld an Autop Suicide [],	at ran Imm. 20f. (City Oxe Day, In Hamicide EXAMINER ICAL EXAMINE	of item 18.) off re y or town) on Hill nspection i , Un	oed	end s (Caur P. G.	l(a) 19 Yy	WAS AUTOPS PERFORMED? ES NO [Ok tree (State Md. and in n

			distribut.		21075	en commit
		1) thinking	74 Pall III			VICTORIAL CONTRACTOR
	* · · · · · · ·	A Comments		East inch!	and ale	Topi son it
				ster took		C (L)
	ſò	dorak di		200	Sici	٠- ر
1.8.0	on, D, C.	J. pulduse		goloniai		100
	341	DI BARRIS				BENEFIT
	of)(2)[auss "Etron	EN THE	Condition of	104	
		Zoode hal	an salare			
		٨				
		dne	odo boda			
			odo boda	12 (
	10		odo boda	020		
	Tio un de	and slidomic to the term	one beca	Osculant		:= 7:6
rees a Attack as	Tio and de	ond silidon o	in no 1	Oscialicas		:= 2:0
forthe but had	Tic un de	ond silidon o	im no 1	Overances		; ;:
former but have been been been been been been been be	Tic un de	A SLIGORY SALE TO SALE TO SALE SALE SALE SALE SALE SALE SALE SALE	im no 1	Overances		; ;
to the state of th	Tic un de	A SELGONS A SELGONS	im no 1	Oscialistas		:: 7:0